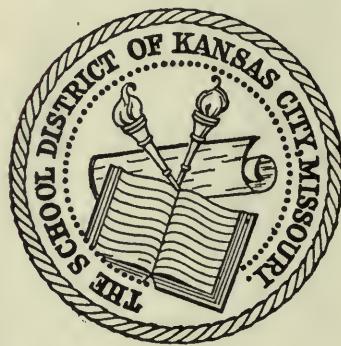




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INDEX

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# Journal of Social Hygiene

Social Hygiene in Wartime. XII.

The Federal Program of Venereal Disease Education

## CONTENTS

The Current Status of Venereal Disease Control Education..Thomas Parran.....	1
The Venereal Disease Education Institute.....E. Douglas Doak.....	12
Venereal Disease Education in the Army.....Gaylord Anderson.....	20
Venereal Disease Education in the U. S. Navy.....C. S. Stephenson and G. W. Mast.....	29
The Venereal Disease Education Process in the U. S. Navy..Howard Ennes.....	40
National Events.....	43
Announcements.....	48

National Social Hygiene Day  
February 2, 1944

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# Journal of Social Hygiene

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## Social Hygiene in Wartime. XII.

### The Federal Program of VD Education.

EDITOR'S NOTE: Many Federal agencies carry on activities in the general field of social hygiene education. A somewhat smaller number are concerned with venereal disease education in particular. In this issue of the JOURNAL are described the educational programs of the agencies which probably touch more people directly than the others, on the subject of venereal diseases: the Army and Navy, both vitally interested in having our millions of young men and women understand and be on guard against VD for the sake of the efficiency of the armed forces and civilians; the Public Health Service, responsible at the Federal level for VD education of the general public, for their own sakes and for the production efficiency so necessary in time of war; and the VD Education Institute which cooperates with Government Agencies and the American Social Hygiene Association in creating educational materials for general and special uses, and in evaluating methods and programs.

## THE CURRENT STATUS OF VENEREAL DISEASE CONTROL EDUCATION\*

THOMAS PARRAN  
*Surgeon General, U. S. Public Health Service*

Venereal disease control education has had to face many of the wartime difficulties that confront other phases of expanded governmental activity. The degree of success which has met our efforts to overcome these difficulties is a good indication of the strength of our belief that education is an important arm of the control program.

\* An address delivered before the Conference on Venereal Disease Control Needs in Wartime, Hot Springs, Arkansas, October 24, 1942; with supplementary notes.

But the war has presented us with magnificent opportunities as well as difficulty, and again the extent to which we have exploited these opportunities is a good index to our convictions regarding the value of education.

A major difficulty Federal, State, and local educational efforts have faced is the shortage of trained educational personnel coupled with the increasing inability of physicians and nurses to spare the time which is required for adequate education of patient and the community. Other handicaps are found in a growing shortage of physical materials such as motion picture projectors and films; and in such factors as the competition for attention in the news columns which tends to push our usual educational press releases back among the classified advertisements.

Paramount among our advantages is the opportunity for education inherent in the blood-testing of millions of young men. Other benefits are to be found in the discovery that, with a little training, intelligent laymen can do a very good job of venereal disease education; and in the fact that, if properly handled, news about the venereal disease control program will receive space on Page One, right along with the latest stories about Commando raids or gasoline rationing.

The common denominator of all our opportunities is the demonstrated fact that the public will support any activity which definitely contributes to ultimate victory over our nation's enemies.

In spite of recent advances in the scientific measurement of public opinion, in the use of psychology and quasi-scientific methods by propaganda experts, mass adult education remains an art rather than an exact science. Usually, the health officer and his aides must proceed empirically or by intuition, impelled by the belief that, after all, venereal disease education *works*.

Therefore, my comments on the current status of education must consist less of evaluation and more of quantitative measurement, plus a description of the difficulties which lie in our path and the opportunities which have added strength to our armament.

At the Federal level there has been wide recognition of the urgent need for expanded education to aid in the control of venereal disease. The result is that close working relationships have been developed between the Public Health Service and the various branches of the armed forces, as well as with other Federal agencies such as the Office of Defense Health and Welfare Services, the Office for Civilian

Defense and the War Manpower Commission. Similar relationships have been established or strengthened with numerous non-governmental agencies such as the American Social Hygiene Association, the National Committee for Health Education in Schools, the National Safety Council, and various national organizations representing management, labor, civic, fraternal, and other groups.

To implement these relationships the educational staff of the Service has been expanded, the output of informational materials increased, and consultation and advisory services established.

Beginning with the special meeting of State and Territorial Health Officers on venereal disease control, held in Washington in 1940, there has been a steady increase of educational activity by the States and the larger cities. This has been accelerated considerably since the outbreak of hostilities.

The manpower problem in all health agencies has become increasingly critical. The ranks of physicians, nurses, and technicians have been depleted, while at the same time, as a result of selectee examinations and other factors, clinic case loads have increased steadily. The natural result has been that nurses and physicians must devote more of their time to treatment and clinic administration and less to educational activities.

It was to meet this educational manpower problem that I proposed to the States in 1943 that budgets include provision for full-time employees to be responsible for venereal disease education. I suggested a possible need for these workers at both State and local levels, with particular emphasis in areas where the most urgent need existed.

Several States had already taken these steps at the time of my proposal, and since then a number of others have done likewise, or have immediate plans for initiating this policy.

Of course, manpower is still a problem since there are very few experienced information people available who have special qualifications in health education. However, many energetic and intelligent people are available whose experience and sympathies are such that with a little training they can be developed into good educators. In one State it was found that unemployed automobile salesmen quickly became useful educators, while in others social workers, school teachers, newspaper reporters and former agricultural extension workers have demonstrated their capabilities.

Where the States desire such assistance the Public Health Service is willing to help in the training of new recruits for special educational effort, either on a group basis or individually. We have not set any hard and fast rules as to the type of personnel to be selected nor the type of special training that should be given to them. We believe, and experience has borne us out in this, that the States are the best judges as to the people who may be available and the kind of training they will require.

Of particular importance as a partial solution to the personnel problem, and as evidence of the place education holds as an integral part of the over-all control program, is the increased use of lay workers in venereal disease epidemiology. Throughout the country there are now almost 10,000 follow-up workers, a large proportion of whom are non-professional.

It is obvious that a follow-up worker is, among other things, an educator who uses an intensive, individualized technic in the teaching of basic factors about venereal disease. Nearly all of the States are recognizing the inherent educational nature of this work by regular in-service training aimed at improving the teaching capabilities of the workers.

Still broader educational use of these workers is found in the practice of having them develop cooperative relationships with druggists, tavern-keepers, and others whose business is such that they are brought in daily contact with actual or potential venereal disease cases. The druggists, for example, are persuaded to permit the use of their store windows for educational exhibits and posters. They are also encouraged to give appropriate literature to customers who ask advice about venereal disease symptoms, about prophylaxis, and about the claims of various proprietary medicines.

In some communities the lay follow-up worker is actively aiding the health officer or the nurses in an educational capacity by arranging for group meetings. The worker takes care of minor but time-consuming details such as arranging for advance publicity, operating the motion picture or slide projectors and handing out appropriate literature. This arrangement relieves the health officer or nurse, or the cooperating private physician, of all details except those which require the attention of a professional person.

The most effective use of the tremendous educational potential in a large number of follow-up workers requires intelligent planning, smooth integration with other phases of health education and communicable disease control, and capable administration. Procurement of educational materials, instruction as to their proper use, and constant stimulation, consultation and demonstration are equally important. These functions require the full-time attention of a capable person working at the State level. Part-time administration will usually do only a part time job.

It is evident from experience gained thus far out of wartime necessity that a well-planned program of venereal disease education at State and local levels can be created out of the services of one or more full-time people who have the ability, the responsibility, and the time to plan and execute programs which make maximum use of existing or added personnel and materials. Further, we have learned that good educational people can be recruited from teaching, journalism, salesmanship, community organization, and other fields which require ability to convey information to the public.

Another problem which has been not too serious thus far, but which may grow worse as we move deeper into the war, is that of obtaining a sufficiency of good educational materials. Shortages of paper and of the metals used for engraving are becoming noticeable. The strain on Federal government printing facilities is quite apparent. As a result, many States have experienced considerable delay in the execution of their orders for educational materials produced by the Government Printing Office.



SOME OF THE STANDARD VD FOLDERS PUT OUT BY THE  
U. S. PUBLIC HEALTH SERVICE

A mimeographed list of VD educational materials is available from the U. S. Public Health Service, Washington, D. C. Most of the materials are available at quantity rates from the Government Printing Office.

Because of this unavoidable situation I have already authorized many States to reprint materials originated by the special writers and artists of the Public Health Service. Another device is that employed by several States in the South who, prior to the beginning of the current fiscal year, formed a pool through which they expect to produce jointly the special materials required for their intensified education programs. If either or both of these experiments are successful, we will be able to offer all States proven methods of solving some of their educational materials difficulties.

Closely related to the materials production problem is that of their evaluation. In recognition of this problem, the Public Health Service has established a cooperative project with the North Carolina State Health Department and with the Zachary Smith Reynolds Fund for the purpose of measuring the effectiveness of specific educational devices and materials.\* It is expected that out of this venture will be

\* See article on Venereal Disease Education Institute, page 12.

developed new and effective methods and techniques for reaching the Negro and rural sections of our population. It is further planned to arrange for distribution of materials, the effectiveness of which has been demonstrated on the project, to other States and localities.

A related project in the same State is that devoted to the demonstration of intensive generalized health education methods. For several months highly qualified Federal health education specialists have been assigned to a five-county area which presents a combination of military, industrial and rural conditions. Following a policy of general health education rather than intensive work on any special problem, these Federal workers have demonstrated the value of education so effectively that the State has decided to replace them with full-time State employees who will train for a necessary period under the supervision of the demonstration workers. When these State people are ready to take over, the Public Health Service will make Federal workers available to other States for similar demonstration projects in areas presenting health problems affecting the war effort.

This combination of a research project in the production and evaluation of venereal disease education materials and methods, with a project which demonstrates the most effective use of these materials within the framework of generalized health education programs, is a unique experiment. The results should contribute much to our specific knowledge on the subject of venereal disease and general health education.

While on the subject of educational materials, I should like to call attention to a significant educational trend observed in the extraordinary emphasis being given to prophylaxis information. The prophylaxis film entitled *Know For Sure*, produced by the U. S. Public Health Service, has enjoyed a phenomenal success since its release about ten months ago. Nearly every State and many cities have purchased one or more copies of this film. While no exact figures are available, we estimate the total number of civilian men who have seen this film already to be well over 250,000. Probably as many of our soldiers have been exposed to its teaching influence since many Army posts are using it to implement their own materials. So successful has been the Army's experience that we have made available to them 100 additional prints.

The companion piece to the prophylaxis film is the Public Health Service folder entitled *It Doesn't Pay*. We are informed by the Government Printing Office that this folder has enjoyed one of the most remarkable sales records of any piece of literature in the history of government printing. The States have ordered this booklet in quantities totaling about a million copies and the orders continue to come in. We believe that this unprecedented demand proves we are faced with our greatest opportunity for teaching American manhood the facts about syphilis and gonorrhea. To implement this belief we have begun to work out a method by which the States may print their own version of this booklet at a considerable reduction in cost. Our joint

objective might well be to place a copy of this or a similar booklet in the possession of every adult male in the United States.

Earlier I outlined the war-induced dichotomy of problem and opportunity, and I have described some of the major problems. Some of the opportunities deserve brief mention.

Foremost among our opportunities, as I have already said, is the educational experience and the opportunity for control that is inherent in the blood testing of young men who are examined for the armed services. It has been estimated that probably 200 men are tested for every 100 who are actually taken into the Army or Navy. Even if the final proportion is not this high, it is obvious that in building the announced strength of the Army to 7,500,000 by the end of 1943, 15,000,000 men will have received a blood test for syphilis. Each man will thus have added to his experience in a most direct and personal manner one of the most important of all our venereal disease educational messages—the *Know For Sure* message of the blood test. In many places cooperative programs between health officers and Selective Service officials are fully exploiting the educational opportunity thus presented. Lectures, films, literature and posters are being used in varying degrees and combinations at this point.

The many problems involved in the use of Selective Service tests as a case-finding device are approaching solution. Thus the infected men and their contacts are being taught as well as brought to treatment.

The inter-relationship of opportunity and problem is thus clearly demonstrated. If blocked by lack of educational manpower or materials for effective educational work, it will be impossible for the health department to take full advantage of the educational potentiality of the Selective Service blood tests.

Another opportunity which is at the same time a most difficult problem is found in the nationwide campaign for prostitution repression. Here again we find it impossible to separate education from the over-all control program. In a democracy, law enforcement depends largely on public opinion. It has been demonstrated many times during recent months that civilian law enforcement authorities can seldom repress prostitution effectively if the general public fails to understand the public health need for such action.

In support of this demonstrated fact, the Public Health Service and the Office of Community War Services have recently issued a manual suggesting methods by which the health officer can educate his community to the need for repression. This manual grew out of nationwide experience of Federal and private agencies, and the practical advice of Army and Navy officials and of civilian police leaders. The type of intensive community education program envisioned in this manual, which we have given the title *Victory Versus VD* will result not only in spreading knowledge of the major sources of venereal disease, but will logically lead to wider public knowledge of symptoms,

prophylactic methods and of the necessity for early and adequate treatment.

Energized by the war, venereal disease education is progressing on many other fronts. There is not time for me to do more than just mention some of the more important of these activities, most of which are already familiar to you because in one way or another you are actively participating in them.

Reinforced by the imperative demand for maximum industrial production, venereal disease control in industry is on the march. Its future progress depends largely on two factors: national cooperation on the part of management and labor, in which education will play a major role; and expanded cooperation between local health officers and the leaders of local industry, labor, and the local representatives of those governmental agencies responsible for the maintenance of production.

Preceding speakers have given you the details of educational efforts in the Army and Navy, so there is little need for me to expand on this exceedingly important phase of the national control program. I might say, however, that the effects of education which the men, and also the women, receive while in uniform will carry over into the post-war civilian control of syphilis and gonorrhea. Therefore our colleagues in the Army and Navy medical services will readily understand why we are so interested in their activities, and so anxious to cooperate with them.

Another significant development in venereal disease education is the increased use of Negro workers in epidemiology and education. These Negro workers are doing a magnificent job, particularly in some of the Southern States, and it is the responsibility of us all to encourage and expand this fine work in every possible manner.

A well known amateur German psychologist back in 1937 had this to say about mass education :

“The intelligence of the masses is small, their forgetfulness is great. Effective propaganda must therefore be confined to a few issues which can be easily assimilated. . . . They must be told the same thing a thousand times.”

We in America differ with Herr Adolf Schickelgruber on many things, including his concept of the intelligence of the masses. If he said that the level of education of the masses is small, then we might agree with him. The educational level of the people we must deal with most of the time in venereal disease education is unquestionably low. But their intelligence, their ability to receive information and to relate it to their experience as a guide to future conduct, is high. Our task is to give them, all of them, the infected and the potentially infected alike, the information they need about venereal disease in order that they may help us and help themselves. The perseverance, the intelligence, and the industry which we give to this task will determine in large measure whether we will ultimately succeed in eliminating from America the twin scourges of syphilis and gonorrhea.

## SUPPLEMENTARY NOTES

In the year that has elapsed since this paper was presented, there have been a number of new developments in the venereal disease education phase of Federal, State, and local civilian control programs which should be described briefly.

Most important of these is the intensified national campaign of information and education which has been planned for 1944. If present plans are carried out this program will consist of articles and sponsored advertisements in magazines of national circulation, display of venereal disease films in commercial theaters, and feature articles, news stories, photographs, and editorials in the daily and weekly press. It is hoped that the national radio networks will also include venereal disease programs as part of their contribution to the public service.

This national program is being organized jointly by the Public Health Service, the American Social Hygiene Association, the Division of Social Protection (Federal Security Agency), and the Office of War Information. Through this latter agency, the assistance of the nation's advertising experts, artists, and writers has been obtained.

It is hoped that the national program will stimulate State and local health departments, social hygiene agencies affiliated with the national Association, and other official and voluntary organizations interested in venereal disease control to intensify their local informational-educational programs. Special materials for local use are being developed and distributed to health officers throughout the country. With these materials have gone memoranda offering suggestions as to how they might be used. The American Social Hygiene Association has accepted the responsibility of obtaining coordinated national and local support from all types of voluntary organizations. Through this joint effort a vigorous, sustained, and highly integrated educational program can be conducted wherever venereal disease presents a definite problem in terms of damage to the war effort.

This entire plan may be summarized as a determined attempt to enlist the Nation's mass education media and expert practitioners in the manner advocated by Dr. Rogers Deakin in a letter to the membership of the American Neisserian Medical Society:

Is it not time to call upon those whose training and experience in public relations, education, advertising, newspaper and radio work, and publicity make them specialists in bringing something to the attention of the public, and to enlist this sort of help in the campaign against gonorrhea? It is as inappropriate for the physician to assume this educational responsibility as it would be for the executive of a prominent advertising agency to treat a gonorrhreal infection. If there are moral or religious issues involved in public education on gonorrhea, why should not moral, religious, and educational leaders sit in conference with physicians and publicity experts to find out what is proper and feasible? Surely there are many fine minds throughout this country who can discuss this problem and arrive at conclusions which will be uniformly acceptable. Again, the war—and a therapy full of hope and promise—justify, indeed make eminently desirable, a broader view of this problem of mass education and a broader use of all our media of communication.

Throughout the country there have been a number of energetic local educational programs in recent months. Their success has indicated the feasibility and value of the national campaign described above, which in turn is expected to stimulate and aid local activity of this kind. Outstanding among these, to mention only a few, are the programs carried out in Philadelphia, St. Louis, and Louisiana. "Social Hygiene Month" was celebrated in Louisiana in March, 1943, climaxed by an all-day conference on wartime social hygiene problems, with officials and voluntary agency representatives meeting to discuss future plans and appoint a committee on recommendations to carry on from there. (See JOURNAL OF SOCIAL HYGIENE, Vol. 29: 246.) St. Louis put on an educational campaign September 13–October 31, 1943, using public meetings, billboard advertisements, leaflets, car cards, newspapers and periodicals—display advertising as well as stories and editorials—and radio time, in a highly organized distribution system designed specifically to reach all groups "where they are." (See JOURNAL OF SOCIAL HYGIENE, Vol. 29: 554.) A week-long campaign in Philadelphia, October 3–9, making use of all public relations media, was conducted on an experimental basis, with a more inclusive program in view for February 1944, in connection with Social Hygiene Day. (See JOURNAL OF SOCIAL HYGIENE, Vol. 29: 560.) Many other communities have carried out, or are planning similar programs. And these very effective local activities are the point and substance of the national campaign.

Other developments which deserve mention include the motion picture \* produced by Mr. Walter Wanger and Universal Studios in cooperation with the California State Health Department, and distributed nationally under Public Health Service sponsorship by the Office of War Information and the War Activities Committee of the motion picture industry. Here, for the first time, is an opportunity to bring our message to the scores of millions who make up the movie-going public. This film should have far-reaching consequences. Much credit is due Mr. Wanger and Mr. Jean Hersholt and other actors and technicians associated with Mr. Wanger who donated their time to this project.

Another example of cooperation from the motion picture industry is found in the Warner Brothers Studio, which made available the classic film *Doctor Ehrlich's Magic Bullet*, in which Edward G. Robinson starred. The Public Health Service has cut this production from 11 to 3 reels, making available in 16-mm. size a useful venereal disease film, with all the interest of a dramatic motion picture of high artistic merit.

Despite the pressing and immediate problems of social hygiene in wartime, the future of the health education program is an important element in all these plans and projects. The needs most specifically related to the future—i.e. the evaluation of methods and the training of personnel—are focussed most sharply in the work of the VD Education Institute in Raleigh, North Carolina. (See p. 12.) Mention should be made also of the health education fellowships awarded by

\* To The People of the United States.

the Public Health Service through funds made available by the W. K. Kellogg Foundation. (See JOURNAL OF SOCIAL HYGIENE, Vol. 29: 542.)

During the year—from the Army, Navy, Coast Guard and Maritime Commission, and from official and voluntary civilian agencies, federal, state, and local—comes evidence of increasing recognition of education as an essential factor in the wartime venereal disease control.



*Below, left*—An illustrated leaflet about syphilis and gonorrhea with a special appeal to women to know the facts for the protection of their homes and families. Available from VD Education Institute, Raleigh, North Carolina.



*Left*—A brief, easily-read warning about syphilis and gonorrhea. One of the Workers' Health Series of folders on various health subjects. These folders available from Government Printing Office at 5 cents each and quantity rates.

*Below, right*—The important facts about gonorrhea and its cure. Government Printing Office, Washington, D. C. \$1.00 per 100.



## THE VENEREAL DISEASE EDUCATION INSTITUTE

E. DOUGLAS DOAK

*Editorial Assistant, Venereal Disease Education Institute*

At no time in the history of venereal disease control in this country has greater stress been laid on the role of education in the fight to eradicate these diseases. And at no time has so large an army of doctors, nurses, social workers, and lay helpers been engaged in the effort to further venereal disease education. As a consequence there is an ever increasing demand from every station on this battle front for more and more ammunition to use in this educational war.

The acuteness of this situation is familiar to both workers engaged in venereal disease control who are constantly on the outlook for additional educational materials, and the agencies engaged in production of such materials. Everywhere there is a steady demand from the field for more booklets, more posters, more films . . . any new and effective weapons which the "factories" can supply.

In cognizance of these forces of demand and supply, the Venereal Disease Control Division of the United States Public Health Service sponsored, in the summer of 1942, the setting up of a new "factory" on the production line, the Venereal Disease Education Institute.

With full realization that there are many excellent agencies already engaged in the production of educational materials in this field, it has been the hope of those responsible for organizing the Venereal Disease Education Institute that a fresh approach to the problems of venereal disease education, and a centralized source of supply of timely materials would supplement the arsenal of weapons in the attack on these diseases.

The primary purpose of the Venereal Disease Education Institute is, therefore, to provide a constant flow of new and effective educational materials, not only to governmental health agencies but to any agency engaged in venereal disease control.

Given a wide freedom of activity within its organization, the Institute is intended not only to produce educational materials, but through actual projects and demonstrations to develop guides and outlines for educational methods in the venereal disease control field. Once they have reached full development, these materials and aids are made available to any interested agency.

In line with good business policy of establishing the source of supply near the largest source of demand, the Institute was located

in Raleigh, North Carolina, since this state is near the geographical center of the country's highest incidence of venereal infections. Other factors influencing the location of the Institute in this state were the record of service of the North Carolina State Board of Health in venereal disease control, and generous contribution to the support of the Institute from the Zachary Smith Reynolds Foundation, which has been giving financial aid to the North Carolina control program. The Institute has also enjoyed the sympathetic and helpful interest of other agencies in this field, such as the American Social Hygiene Association and various state departments of health.

Additional advantages are incurred through location of the Institute in a state which provides a fairly typical cross-section of rural and urban centers of population where field demonstration projects may be carried on. Further, there are obvious advantages in the location of such an organization where it may maintain constant contact with actual workers in the field of venereal disease education. Such contact provides valuable direction and guidance in the production of materials which will really fit the needs of the workers who ultimately are to use them. Through constant consultation with venereal disease control workers and through evaluation of its productions in actual demonstrations, the Institute attempts to make its materials of the very highest practical service to workers in the field.

As will be readily admitted the Institute's aims are both wide in scope and difficult of achievement. How well it will succeed is yet to be seen, since the organization has barely entered its second year of activity. Without attempting to evaluate the Institute's usefulness in the venereal disease education field—which, in the last analysis, will depend on the judgment of the agencies it is intended to serve—the following résumé of the Institute's activities and methods of operation may provide some notes of interest for educators who are on the alert for additional sources of material and educational aids.

In the selection of staff members the Institute has followed the recent trend in health education and procured a staff of experienced laymen to man the assembly lines of its "factory," including artists, writers, and specialists in venereal disease and sex education. In the graphics department, a staff of both commercial and fine artists are engaged in production of many types of visual aids. Several writers are engaged in the composition of various pieces of literature, film and radio script, and other copy. A specialist in venereal disease education, and a specialist in sex education are employed in directing the field demonstrations and evaluation tests. The Institute is under the direction of Capus Waynick, former editor and public administrator.

Fully aware that the layman may lend the necessary ingredient of skill in presentation, but that educational material fails immediately if not backed up by scientific accuracy, it has been the policy of the Institute to seek advice and criticism from professional sources at every turn. Since the start of production every piece of

material has been submitted to authoritative medical criticism, as well as to the scrutiny of leading educators in the venereal disease field.

As an example of this, a handbook of visual aids for use by clinic interviewers, which is now in the process of production, was first drawn up in rough draft, then presented during a personal visit to several venereal disease medical experts throughout the country for their review, and later to a number of clinicians and nurses in the North Carolina clinics. The handbook was then revised and edited in light of the score or more critiques received in this manner.



STAFF MEMBERS OF INSTITUTE CONFER ON ARTIST'S DRAWINGS  
*Left to right:* Lester A. Kirkendall, Education Specialist; T. S. Ferree, Director of Art Department; H. I. F. Nanton, Education Specialist; James A. McLean, Artist; Miss Douglas Doak, Editorial Assistant.

Production of materials by the Institute is a highly cooperative affair. Suggestions for new pieces of material, particularly new forms of presentation, are constantly solicited from the staff, from other agencies, from clinicians, educators, or from anyone who wishes to contribute suggestions to the production department or call on the Institute for production of specific materials.

Once designed by the appropriate members of the staff, the material is reviewed by the staff as a whole, and later submitted to selected authorities before it is put into the mill.

Although the Institute was formed with the purpose not only of producing materials but also of surveying the field to determine specific needs for various media, as well as evaluating existing educational programs, the pressing demands for venereal disease edu-

tion aids at the time of the Institute's initiation indicated the wisdom of proceeding at once with production rather than waiting on a lengthy program of survey and evaluation. Therefore, during its first year the organization produced a fair quantity of posters and booklets and is now in the process of producing other forms of educational materials.

At the time the Institute was founded there was on every side a very large demand for venereal disease materials among the control officers in the armed services. In accordance with this immediate demand, the Institute set to work on a series of posters designed for the service man. This series includes several posters bearing a general warning against venereal disease, and a series displaying humorous cartoons, featuring a character called *Private Caution*. A pamphlet for service men, entitled *A Message from Your Medical Officer*, was recently released. As indicated by the increasing demand for these materials, they have met with the approval of many service control officers.

For more general use the Institute has produced a series of posters lithographed in three and four colors, which have also been favorably received in the field.

In the publications line the Institute has printed three booklets. Its first publication was a fairly detailed booklet directed at the general public and entitled *Out In The Open*, which includes a discussion of the venereal disease problem and facts about these diseases. This publication is generously illustrated, and is available in two editions, one with illustrations of white characters, the other with Negro characters, a feature which has attracted much interest from the field.

*A Fifth Freedom*, the second publication, is directed at civic clubs and other groups interested in aiding community venereal disease control programs, and contains suggestions for lending aid to such programs. *What Every Woman Should Know*, a purse-size booklet, with attractive illustrations, is a digest of facts about venereal disease important to women. This has to date proved a most popular publication.

While the Institute has devoted itself chiefly to producing and testing materials during the early stages of its work, "grapevine" information among health agencies has brought it to the attention of many educators and clinicians. The result is that there is an ever-increasing number of requests coming from every part of the country, as well as the territorial possessions for productions bearing the Institute's VDgraphic imprint.

Among materials now in the process of production, there are three which may be of particular interest. During the past two months, with the aid of the U. S. Public Health Service, the Institute has developed a series of kodachrome slide sets, for use in selectroslide machines or other slide film projectors. These are designed for assistance in case-holding, patient education, and general education.

Each set will be composed of 48 slides, provided with self-explanatory captions, or a narrative for an operator to use while showing the slides.

An illustrated guide for use by clinic interviewers is scheduled for production during the present year. This handbook contains simple, non-technical illustrations designed to assist the interviewer in explaining the nature, cause, and effects of venereal disease to the clinic patient. Each illustration is accompanied by a few lines of explanatory text to guide the interviewer.

The third project to be mentioned specifically, is a series of newspaper advertisements. These advertisements, copy and illustration, are intended to appear in sequence, though each may be used apart from the series. The series will tell the story of the venereal disease problem, the forces now mobilized against it, and what the individual or the community can do to help. It is planned to make this series available through a mat service.

It is obvious that an organization which attempts to provide educational materials with no thought to the objectives of those materials, and rests content with production without questioning the results achieved, is as foolish as the doctor who diagnoses a complaint without seeing the patient, and expects a cure without observing the progress of his treatment. Accordingly along with its launching into the production field, the Institute has initiated a program of survey and evaluation. This program is as yet too embryonic for an assessment of results, but its inclusion in the work of the Institute has already proved of value in the experience gained through first hand contact with the public, and with the various phases of venereal disease control.

To carry on this survey and evaluation work, the Institute evolved a plan entailing the promotion of venereal disease education programs in several cities in the State of North Carolina. It should be clearly understood that the Institute in no way engages in educational activity as an end in itself, but that these field projects have been in the nature of demonstrations and have provided the Institute with an opening for surveys to determine objectives in venereal disease education, as well as an opportunity for supervised use of its materials for the purposes of evaluation.

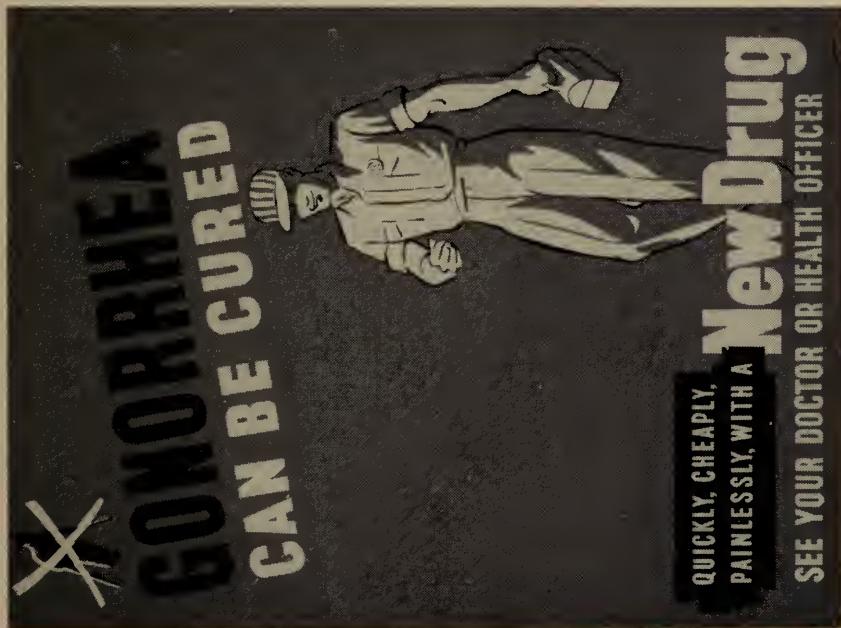
The field service unit of the Institute is made up of four members of the staff, experienced in the fields of venereal disease and social hygiene education, as well as public relations. With this unit the Institute has promoted and supervised projects in venereal disease education in four North Carolina cities. The active cooperation of local health departments and civic groups has been of utmost value in these projects.

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*On the next two pages are reproduced some of the posters → developed by the VD Education Institute. For further information about these and other materials, write the Institute at Raleigh, North Carolina.*



guard them against  
**GET A BLOOD TEST TODAY**



**New Drug**  
QUICKLY, CHEAPLY.  
PAINLESSLY, WITH A  
**SEE YOUR DOCTOR OR HEALTH OFFICER**

INSTITUTE POSTERS ARE DESIGNED TO REACH ALL GROUPS AND CLASSES OF PEOPLE



INSTITUTE POSTERS AND PAMPHLETS FILL A LONG-FELT NEED FOR MATERIALS APPEALING TO NEGROES;  
SOME ITEMS, SUCH AS THE ABOVE, ARE PRODUCED FOR USE WITH BOTH NEGRO AND WHITE GROUPS

An over-all educational program, employing newspaper articles, radio broadcasts, motion pictures, lectures, posters and pamphlets has been carried on in each city, with the Institute's field service unit doing much of the actual work in cooperation with some sponsoring local civic club.

The interest aroused through these activities has enabled the Institute to go ahead in each city with evaluation projects. A social hygiene survey in the form of a questionnaire has been employed in each city early in the course of the campaign, with the cooperation of industrial groups, high schools, and civic clubs. It is the purpose of this survey to determine as nearly as possible, the level of public information concerning the venereal diseases, what conceptions, and particularly what misconceptions are held. Returns from this survey are still being collected.

In the evaluation field, attempts have been made in each city to determine both the result of the over-all campaign and the effects of specific pieces of literature or graphics. This has been done through surveys of increased attendance at clinics; increased requests for blood tests; solicitation of opinions from key people in the community as to the program's effectiveness; "before" and "after" questionnaires where literature or posters have been distributed. This evaluation is as yet experimental and on a very small scale, but plans are going forward to perfect reliable methods.

As an outgrowth of the field projects, the Institute is now preparing a handbook for the guidance of local health departments or civic groups which want to engage in venereal disease education campaigns. The suggestions in this handbook will be based on the experience of the field service unit in carrying out actual projects, and the publication will include a kit of materials for use in the program, including sample news releases, radio scripts, bibliographies of films, posters, pamphlets and other materials, and form letters which might be used in promoting the program.

It is the purpose of the Institute to be of assistance to any individuals or groups interested in or engaged in venereal disease education. With this in mind a collection is being made of data concerning venereal disease education projects throughout the country, both public and private, and information concerning any research which has a bearing on that field. A library of venereal disease education materials is also being collected. It is hoped that the Institute files will eventually become a source of assistance to all workers in the field of venereal disease education. Already the Institute has been visited by a number of venereal disease educators from different states.

As can be seen, the scope of activity of the Institute is wide, and it is perhaps unique in its opportunity to operate as a research agency. It is the aim of the Institute to serve as a laboratory for experimentation in perfecting the materials and techniques of venereal disease education. The results of these experiments will at all times be available to the agencies engaged in combating venereal disease. The Institute welcomes inquiries and visits from interested persons.

## VENEREAL DISEASE EDUCATION IN THE ARMY \*

GAYLORD W. ANDERSON

*Lieutenant Colonel, Medical Corps*

Education of the soldier is essential to the success of the venereal disease control program of the Army. While immunization may so protect the troops against smallpox, typhoid and tetanus that a high degree of safety is provided without any further thought on the part of the person protected, the control of venereal disease is dependent upon the soldier's individual participation in the program. Measures to repress prostitution will reduce, though not entirely remove, the opportunities for exposure; follow-up of sources of infection will diminish the risk of infection of those who expose themselves; and provision of facilities for prophylaxis will reduce the risk of infection if exposure occurs. The individual, however, is the final arbiter in deciding whether or not he will risk exposure or will utilize prophylactic measures if exposed. Since the ultimate decision rests with the individual, education is the foundation upon which the success or failure of the program depends.

The formulation of an educational program for the Army is based on certain fundamental tenets:

1. Continence is the most desirable and most certain method of avoiding venereal disease. This basic principle is clearly set forth in Army regulations and directives.
2. The sex habits of the man of military age have been largely determined before he enters the Army. The man who has been promiscuous in civil life will probably not change his habits upon entering military life. A study at one Army post showed that half of all the soldiers contracting venereal disease gave a history of having had a similar infection before entering the Army.
3. Since there is a certain group who will expose themselves to infection in spite of measures to promote continence, instruction in prophylaxis must be given. To withhold instruction would just as

\* From the Division of Preventive Medicine, Surgeon General's Office, War Department.

certainly increase the amount of venereal disease as would discontinuance of immunization increase the rate of typhoid and smallpox. Deliberate adoption of measures that increase the amount of disease is contrary to the highest traditions and ethics of medicine.

4. Since it is not possible to separate those who are in need of instruction in prophylaxis from those who, because of continence, do not so need it, instruction must be given to all.

5. Instruction regarding venereal diseases and their prevention must be presented in a straight-forward unemotional manner without attempting to frighten the individual. There is no evidence that fear of infection and of the awful consequences that are at times so luridly portrayed is a forceful deterrent to sexual exposure. Morbid and excessive fear is a poor substitute for understanding and morals.

6. Instruction must be presented in such a form as to appeal to all levels of intellect, with special attention to those in the lower half of the intellectual range. The average intelligence quotient is a poor scale by which to determine the level of approach, for the average is raised by those who have had advanced educational opportunities which often included instruction in sex hygiene and venereal diseases. These men are therefore less in need of such instruction (or have shown themselves resistant to it) than are those in the lower half of the intellectual scale who have had fewer educational opportunities and are therefore less well informed.

7. A wide variety of educational techniques must be employed in order to reach the largest number of individuals. The poster, movie or pamphlet that appeals to one person may be completely lacking in appeal to someone else. Measures should be employed that appeal to all ranges of taste, education and emotion.

8. Whatever educational measures are used must be such as will appeal to the individual to be reached, viz. the soldier. It must not be forgotten that his emotional and intellectual reaction is different from that of the older individual who has spent years in the study of medicine, sociology, law, theology, or any of the other disciplines from which the venereal disease program draws its support. What appeals to the youth lacking technical knowledge may appear puerile to the middle-aged scholar, yet it is to the youth, not the scholar, to whom the appeal must be directed. The only true guide as to the suitability of educational material is therefore the reaction of the individual to whom it is directed, not the academic opinion of those responsible for the preparation of the materials. Study of the manner in which the soldier expresses himself when given an opportunity is a valuable guide to his reactions.

9. Memory is relatively short in competing with a biological urge as strong as that of sex. Resort must therefore be had to measures which frequently remind the individual of the basic instruction.

10. While instruction regarding venereal diseases must be frequently repeated, it must not be made monotonous or so tiresome as to arouse resentment. Thus the soldier who sees the same motion picture six to eight times not only fails to be impressed but develops

a sense of resentment as well as contempt for the whole program. There is obviously room for considerable difference of opinion as to where desirable repetition merges into resented monotony.

11. Instruction must be in such a form as to command the respect, not the ridicule of the soldier. Sloppy sentimentalism and childishness are just as out of place as is vulgarity.

12. Instruction of officers as to the importance of venereal diseases and sound measures that can be taken to effect their control is as essential as is instruction of the men regarding measures of individual protection. Since Army policy places the ultimate responsibility upon the commanding officer, he is the key individual in the success or failure of the program within a particular unit. His understanding and cooperation are therefore essential.

#### THE ARMY PROGRAM

The present Army program of venereal disease education, based on these tenets, is designed to provide a progressive process of instruction as the soldier goes through his basic training, by the end of which time he should have received the essential instruction. This is supplemented by the use of such reminder devices as are best adapted to the need of the unit. The program is set forth in *Training Circular 28*, March 3, 1943, as follows:

"SEX HYGIENE AND VENEREAL DISEASES.—1. *Necessity for training.*—Education of the soldier regarding venereal diseases and their prevention is considered to be an essential part of training. The educational program should therefore be carried out in such a way as to assure proper instruction of all personnel.

2. *Authority.*—Section VII, AR 40-210, provides for instruction in venereal diseases and their control.

3. *General program of instruction.*—To carry out the intent of AR 40-210 the following general program of venereal disease instruction will be carried out:

a. *Basic Instruction.*

(1) *Induction Stations.*—Distribution of such pamphlet material and display of such posters as may be made available through The Adjutant General's Office or The Surgeon General's Office. Commanding officers may further authorize use of such pamphlets and posters as may be obtained from civil agencies.

(2) *Reception Centers.*

(a) Showing of TF 8-154. An appropriate entry will be made in the service record (W. D., A. G. O. Form No. 24) of the enlisted man at the time of the showing of this film.

(b) Distribution of War Department pamphlet on *Sex Hygiene and Venereal Disease*.

(c) Brief talks by the commanding officer (or his representative), chaplain, and medical officer.

(3) *Replacement Training Centers.*

(a) Lecture on venereal diseases by the medical officer. See FS 8-57 and accompanying notes (to be released on or about March 15, 1943).

- (b) Lecture on venereal disease prophylaxis by the medical officer. See FS 8-58 and accompanying notes (to be released on or about March 15, 1943).
- (c) Showing of TF 8-154 to those men whose service records do not indicate that they saw the film at the reception center.
- (d) Entries will be made in the service records at the time of the lecture on venereal disease and the lecture on prophylaxis, and also at the time of the showing of TF 8-154 to those men to whom the film is shown.
- (4) *Troops Who Have Not Passed Through Replacement Training Centers.*—Unit Commanders receiving troops who have not passed through replacement training centers will make suitable arrangements for instruction comparable to that which would have been received at such centers.
- (5) *Officer Candidate Schools.*—Lecture on measures for the control of venereal diseases, emphasizing responsibility of unit commanders for instituting and supporting such measures. See FS 8-59 and accompanying notes (to be released on or about March 15, 1943).

b. *Supplemental Instruction.*—Supplemental instruction will be largely in the form of measures that remind the individual of the above basic instruction. Unit Commanders will make suitable arrangements for use of such reminders, including posters, talks, motion pictures, pamphlets, bulletins, news items, and such other devices as are best adapted to the needs of the post. Attention will also be given to measures to remind officers of their responsibilities for preventing venereal disease in their respective commands.

c. *Special Instruction.*—Those responsible for training of specialized personnel will provide for such further special instruction as may be deemed necessary."

(A. G. 352.11 (12-17-42).)  
By Order of the Secretary of War:

G. C. MARSHALL,  
*Chief of Staff.*

**OFFICIAL:**

J. A. ULIO,  
*Major General,*  
*The Adjutant General.*

### EDUCATIONAL MEASURES

#### 1. *Pamphlets.*

Four pamphlets have been officially distributed within the Army: (a) *Off to a Good Start*, for use in induction stations and designed to stress the hazards of infection during the period of furlough on inactive duty between acceptance for the Army and beginning active service; (b) *Sex Hygiene and Venereal Diseases*, distributed to all soldiers in Reception Centers; (c) *Venereal Disease Overseas*, distributed in staging areas; (d) *It Doesn't Pay*, reprint of U. S. Public Health Service prophylaxis pamphlet on prophylaxis, also distributed in staging areas. In addition many posts have made use of pamphlets obtained through state and local health departments, of those prepared on the post and of those obtained from the American Social Hygiene Association, especially *So Long Boys—Take Care of Yourselves*. This leaflet has been furnished in large quantities by the Association to many camps, induction stations, and draft boards.\*

\* *Editor's Note:* Distribution to July, 1943, 1,700,000 copies.

### 2. Posters.

Posters for use throughout the Army are released periodically and sent to all Army installations. These range from the serious, dignified and conventional type of poster to those built on the pattern of a comic strip. Some of the latter are serious, others whimsical. Use of the comic strip techniques employed frequently in commercial advertising is based upon the enormous popularity of the so-called "comic books" purchased in the post exchanges for soldier reading. Tests are under way to determine the relative effectiveness of the various types of posters. Many of the commands and Army posts have also developed posters for local use. Notable among these have been the series developed by the Gulf Coast Training Center and the South East Training Center of the Air Force. In certain camps poster contests have brought out many good ideas. Though the quality of art work in such posters is often inferior to that obtainable from certain commercial sources, these posters have a certain spontaneity that, in the opinion of many, brings them closer to the soldier. Unquestionably they portray the soldier's thought with respect to these diseases. In many camps liberal use has been made of posters prepared by civil agencies. Posters obtained from the American Social Hygiene Association have had a wide distribution in the Army. Certain health departments have furnished poster material, some of it prepared especially for Army use. Posters have also been obtained from the U. S. Public Health Service and from the Reynolds Foundation. Special mention should be made of those prepared and donated by the John Wyeth Companyy, posters which have had a wide appeal.

### 3. Movies.

The Army sex hygiene film (TF 8-154) is shown in all Reception Centers so that it reaches the soldier within a few days after his entry upon active military service. The film *Know for Sure* prepared and made available to the Army by the U. S. Public Health Service, has been used extensively to supplement the Army film. Use has also been made of films provided by the American Social Hygiene Association.

### 4. Film Strips.

These have been prepared for use in conjunction with the formal lecture. Three strips have been made available, one dealing with the diseases, one with prophylaxis, and the third with control measures. The first two are designed for use with enlisted personnel, the third with officer candidates and officers to inform them of their responsibilities and the methods they can use.

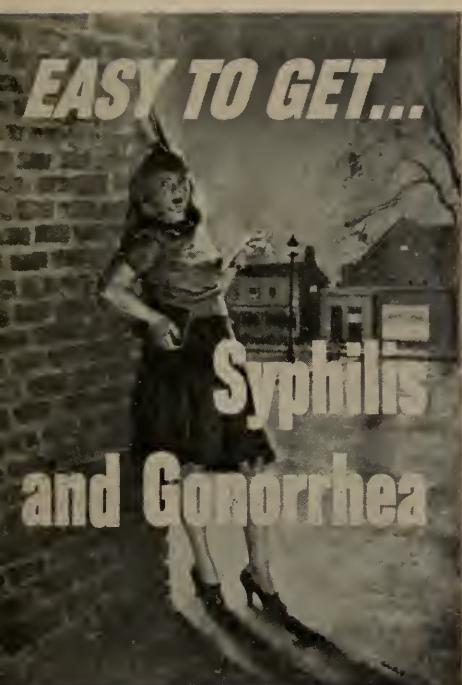
### 5. Lectures.

The educational value of a formal lecture depends more upon the individual who gives it than upon the material presented. The best of subject matter may be spoiled by a poor lecturer; conversely, a good lecturer may make effective use of poor material. A few lectures are prescribed as part of the basic training. Subsequent talks are at the discretion of the commanding officer. Frequently the most

## POSTERS USED IN ARMY VENEREAL DISEASE EDUCATION



A Prize-Winning Poster in a Contest at Camp Maxey, Adapted from a Poster Designed and Used at the Southeast Air Force Training Center



An Effective Army Poster



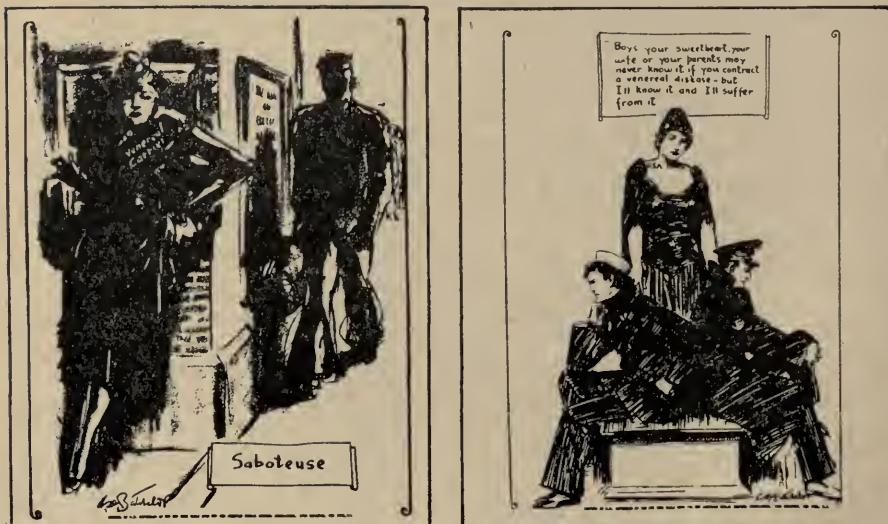
Prophylaxis Prevents Syphilis and Gonorrhea

A Poster Prepared for the Army by the  
John Wyeth Company

## ARMY POSTERS



An Army Poster  
Presenting  
A Popular  
Comic Strip Hero



American Social Hygiene Association Cartoon  
Posters Widely Used by the Army

effective of these are brief informal talks given around payday and before furloughs, times at which the risk of infection is at its maximum and at which therefore a reminder is of value.

#### 6. Competitions.

American youth is highly competitive. For years industry has capitalized upon this competitive spirit in its program of accident prevention. It is not surprising, therefore, that many Army posts have attempted to stimulate a spirit of interunit competition for low venereal disease rates. At times this has been through formal competitions; at others it has been promoted through monthly posting of comparative rates or listing of units that have had no cases. Such procedures have not only yielded results in reducing the venereal disease rates, but have also aroused interest in the program and promoted a spirit of unit pride.

#### 7. Use of non-commissioned assistants.

Specially appointed medical officers as venereal disease control officers have been the keystone in the venereal disease control program. While these have been very effective, they have not been able to get as close to the enlisted man as can someone chosen directly from the ranks. Many units have therefore employed non-commissioned personnel as assistant control officers, their responsibilities in venereal disease control being additional to their regular military duties. As these men are part of the body of enlisted men, they can carry instruction more readily and more effectively than can the medical officer. They bridge the gap between the enlisted man and the officer, bringing to the latter the questions and misunderstandings of the soldier and carrying back the answer. Through use of these assistants who have been given special instruction informed persons are placed in the midst of the informal sex discussions which are so frequently heard in the barracks or wherever men of this age congregate. Wherever such non-commissioned assistants have been tried they have shown their worth.\*

#### 8. Other measures.

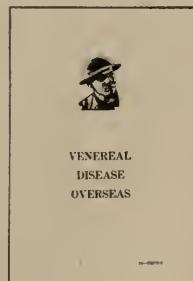
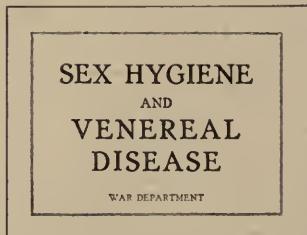
A great variety of other educational devices has been used in various posts, depending upon local ingenuity and interest. These vary from sound transcriptions and amateur movies to pictures, exhibits, flyers and news items in camp papers.

### RESULTS OF EDUCATION

Nowhere in the field of health education have adequate tests been developed to measure the relative effectiveness of various educational procedures or even to measure the accomplishments of the educational program as a whole. In venereal disease education this is particularly true. Opinion must therefore vary as to what can be or has been

\* *Editor's Note:* This was found to be true in the educational program conducted by the Commission on Training Camp Activities for the Army during the First World War, when the "Social Hygiene Sergeants" established within the cantonments and equipped with exhibits, stereomotorgraphs and literature, played an important role in education of the soldier concerning venereal diseases.

accomplished through the educational program. Even when the war is over and the soldiers of today return to the tasks of peace there will be no thoroughly satisfactory measure as to how much the educational program will have contributed to the control of venereal disease in the Army. It is of interest to record, however, that certain of the Army commands in which the most active educational programs have been carried out have experienced some of the greatest declines in the venereal disease rates. The rates of some of these units have shifted from among the highest to among the lowest of the Army. While it would be wrong to ascribe all of this decline to the educational program, there can be little doubt that the interest and alertness created by educational measures have brought about an increased awareness of the venereal disease problem and therefore greater individual participation in the measures adopted for control.



SOME OF THE PAMPHLETS USED FOR ARMY EDUCATION

## VENEREAL DISEASE EDUCATION IN THE U. S. NAVY \*

C. S. STEPHENSON

*Captain (MC), U. S. Navy*

*and*

GEORGE W. MAST

*Lieutenant-Commander (MC), U. S. Navy*

In the control of venereal disease, education can no more be ignored or inefficiently utilized than the arsenicals or sulfas can be omitted in therapy. Education is a fundamental element of the venereal disease control program, especially in its preventive aspects—as, indeed, education is an axiomatic part of practically every preventive medicine endeavor.

We are inclined, however, to do a lot of talking (sometimes dignified by the term “education”) somewhat to the exclusion of practical activity based on understanding and investigation of the facts involved. Let us pause for a moment, therefore, and look at some of these facts, especially as they pertain to the Navy.

It would seem that at least three points must be considered as to the need for and character of venereal disease education: *One*, the nature and extent of venereal disease, including its relative bearing on our main objective—i.e., Victory; *two*, the conditioning effect of public attitudes and opinions; and *three*, the people specifically involved, their social and cultural backgrounds and environments, their present and future objectives in life. A *fourth* point, of course, is involved—that of the status of medical and public health knowledge—but can be held over for other consideration.

As to the first point: The detailed and extensive data which are available should leave no doubt as to the urgency of maintaining the Navy’s venereal disease rate at the lowest point possible.<sup>1</sup> Certain special aspects of these rates should be noted, however. Forces afloat uniformly register higher rates than forces stationed ashore. In both instances forces on foreign duty outrank in venereal disease incidence those within the continental limits of this country. Studies

\* Delivered at Session V, *Wartime Venereal Disease Control Education Program*, of the *Conference on Venereal Disease Control Needs in Wartime*, sponsored by the U. S. Public Health Service, Hot Springs, Arkansas, October 24, 1942.

Note: This paper has been revised as of January, 1944, with the addition of new material by the Division of Preventive Medicine, Bureau of Medicine and Surgery, Navy Department.

covering the 10-year peace-time period 1929-1938 indicate that for both syphilis and gonorrhea, enlisted personnel in the Navy and in the Marine Corps have rates higher than other personnel.<sup>2</sup> Firemen and seamen lead the major occupational groups, although the relatively smaller group engaged in the culinary art has a higher rate.

The inescapable conclusion to be drawn from the data is that the venereal diseases are the most serious and dangerous preventable diseases to concern the Naval medical officer, civilian health and medical authorities—and the civilian population—of the United States.

What of the civilian population? Specifically, what have the attitudes and opinions of the "general public" to do with the Navy's task of reducing venereal disease to manageable terms?

What people think about venereal disease—today we call it "public opinion"—has been a controlling and limiting factor in progress toward intelligent medical and public health action from the time syphilis and gonorrhea were "discovered." The legions of Mrs. Grundy have seen the wages of sin to be venereal disease. The history of the battle against Spirochaeta pallida and the gonococcus has been, in a very real sense, as much the story of a struggle to reshape the psychological content of words and the resulting attitudes as it has been the record of scientific medical investigation.

An "overthrow of a moral censorship" about 1936—courageously precipitated by Surgeon General Parran—is often credited with making possible the broad public health venereal disease control activities now under way. Undoubtedly, the willingness to talk facts in the press, over the radio, in conversations, has been a decisive element. But it was not something that came suddenly from the blue. The genesis of present-day attitudes may be traced many centuries back through history.

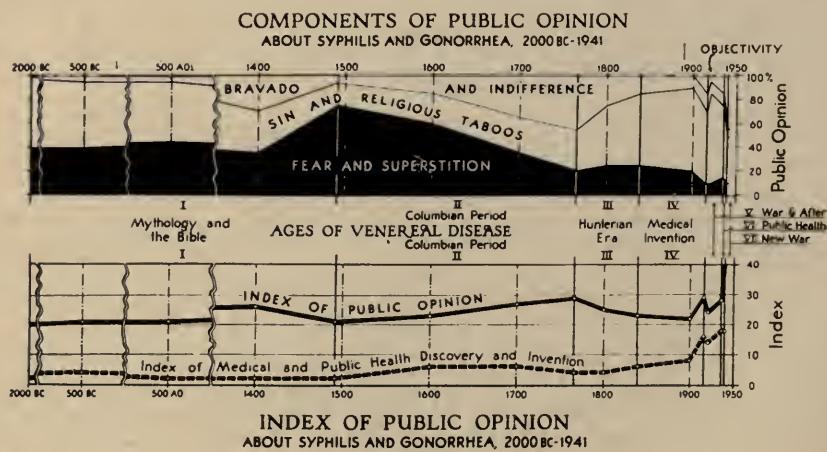


FIGURE 1

Figure 1 graphically portrays the changing composition of those elements which go to make up the complexity of "public opinion"

on venereal disease. This material is from an unpublished but comprehensive analysis of the socio-psychological aspects of venereal disease through the ages. It is of significance to note that while civilization appears to have outgrown some of its unfounded fears and superstitions, even today we may consider only 45 per cent of the public attitude as completely "objective"; that "sin and religious taboos" appear to influence attitudes at least a third; and that "fear and superstition" and "bravado and indifference" still play 10 per cent parts each.

Few problems of social organization and governmental action have been so emotionally supercharged as those dealing with the control of venereal diseases. In their very nature, the venereal diseases are deeply personal matters. Around them walls of taboo and morality have been erected as an integral part of the cultural pattern.<sup>3</sup> Naturally, these factors directly influence both the policy of the Navy and the personal habits and opinions of the men in the Navy—who, after all, are part of the "public" in its broadest definition.

In important particulars, however, Navy men are different. They live differently, under vastly different circumstances and at tasks significantly different from their land-lubber compatriots. They are, of course, recruited from civil life. They have variously good and bad mental qualities, depending upon inheritance and their environment. Although every effort is made to enlist men of the highest calibre, sometimes a minus-quantity slips through. And it is not to be expected that discipline in the Navy will completely overcome the lack of discipline and restraint in earlier years to the degree that young men who have not learned to control their desires, or at least to temper them with judgment, can be trusted to avoid dangerous contacts while on liberty away from Naval jurisdiction.

The "typical" Navy man, it has been said,<sup>4</sup> comes from a relatively good home consisting of at least a living room, a dining room, a bed room or so, and a kitchen. There he had absolute freedom and ample space in which to live. In many instances he has at least several years of college education and, not infrequently he is a graduate. Now he comes into the Navy and the transfer from training stations to battleships produces a wrench and a shock. To the novelty, the strangeness, the discomfort, the loneliness, and the isolation of his new environment the American youth but slowly if ever becomes habituated.

The recruit learns to use a bucket for his ablutions, to wash his own clothes, accepts a hammock in place of a bed, acquires the habit of being on his feet throughout the greater part of the day or of using as an alternative a seat on his ditty box (a small wooden box where he harbors his keepsakes) or the iron deck, and if he has leisure and inclination for a siesta, he stretches out on the iron deck with considerable risk of being frequently stepped on. There is no privacy. He dresses and undresses, bathes, shaves, sleeps, reads, rises, and partakes of his meals on deck in public. His clothes closet becomes a sea bag. He sleeps in his underwear.

In a superficial way the young bluejacket likes this and is amused by it. It represents a change which he tinctures with a sense of romance derived from youthful reading and he is supported by a conception and a picture of himself as he appears to others—to the girl ashore, the visitor in port, the people at home. But in spite of the multiplication of battleships, submarines, and aircraft, man is a terrestrial animal with arboreal rather than aquatic or amphibious instincts, and if generations of sea-going ancestors in Scandinavia, Great Britain or Newfoundland have somewhat modified temperamental inclinations in sailors from other parts of the world, the majority of Americans are conscious of no such heritage.

To these physical details of life on a battleship we must add the circumstances of military discipline and restriction of movement. The sailor wears a prescribed uniform, regulation shoes, socks, under-wear and headgear. When the captain is chilly, the sailor dresses in blue; when the captain is warm he wears white. He moves to the sound of a bugle. He turns in and turns out to the stroke of the ship's bell and the boatswain's whistle. He eats what the Government provides and abuses it, though the food is good and usually well-prepared. He is at the beck and call of superiors—he, the freeborn American, possible bank director, embryo President.

Very often for weeks, sometimes for months, he is cooped up on a ship. The hours of drill are many, and the day's work is never done. He must toil early and late for the maintenance and upkeep of his perishable, floating abode, incessantly attacked by salt water and oxidizing air, whose inroads must be neutralized by ceaseless scraping, chipping, red leading, and painting, from the double-bottoms to the platform of the cage mast.

The very designation of the sailor's relaxation from work and his opportunity for change is suggestive. "Liberty!" It requires a considerable feat of imagination on the part of landsmen to appreciate what liberty means after weeks or months at sea. No matter how reasonably and justly discipline has been administered aboard ship and however ingenious may have been the efforts to lessen the monotony of the routine life, the feeling at liberty is that of the time-expired man.

In point of fact the bluejacket offers an easy prey to all the sharks and harpies that infest the water front. There is no lack of opportunity for him to spend his money and beguile his time. The trouble is that the easy ways of finding diversions are usually bad ways, the companions ready to hand, the pleasant and quickly formed associations frequently pernicious. Good influences are far to seek, clothed in drab, with nothing to offer which compares in attractiveness with the others. And it was not for gospel talk that he had his hair clipped, that he shaved to the roots, got himself as clean from head to foot as soap and water could make him, donned his immaculate undershirt and the best shore-going uniform he possessed, drew all the money he had on the books and flung himself into the liberty boat with his cap set at a rakish angle.

Any effort to influence his behavior while on liberty must be circuitous, indirect, made at long range, unrecognized by him; made with infinite tact and complete comprehension of the man's tastes, needs, strength, and weakness. His chief craving is for amusement, and in default of the best, he of necessity compromises with something less. He wants music, dancing, companionship, a few good meals differently served and differently flavored from the good "chow" he gets on board. In fact, his whole being hungers for a different flavor. And while, of course, many sailors are mature men of whom a certain proportion have fixed habits of vice, the bulk are in a formative, plastic state.

**QUESTIONNAIRE STUDY OF VENEREAL DISEASE INFORMATION  
200 NAVY OFFICERS AND MEN  
OF SHIP CRUISES TO WEST INDIAN WATERS, 1940**

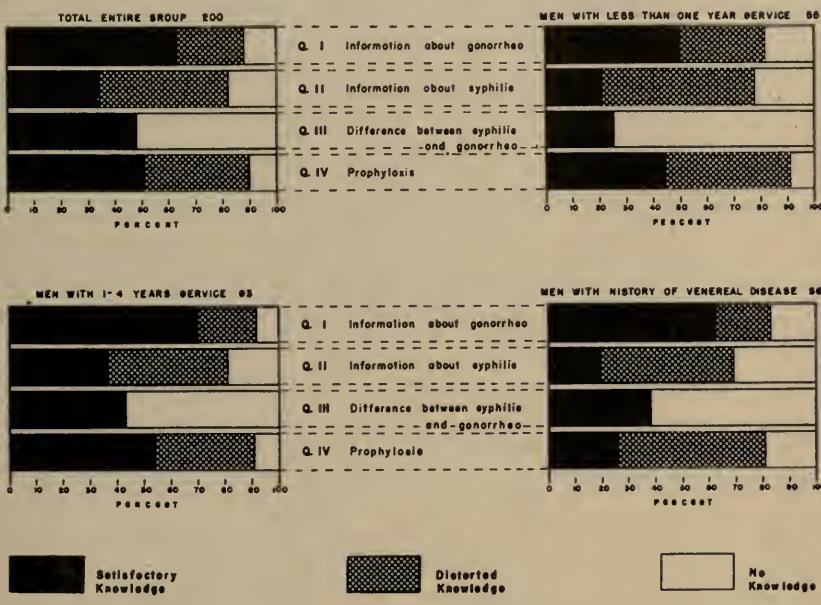


FIGURE 2

Thus the great bulk of Navy personnel are susceptible to the educational process as regards venereal disease. Just prior to the war the medical officer of one of our larger ships reported on the extent and type of information held by the officers and men of his activity. Figure 2 illustrates the percentage distribution of replies to four pivotal questions in terms of degree of knowledge. The results should stimulate us to increased efforts, for the degree of distortion, the generalized mixture of a pinch of fact with a pound of hearsay, is far too great.

These data hold important indications that our present educational program is not by far the full answer. At the same time, we must keep in mind that knowledge, per se, is no guarantee that the sailor

will react as we desire under all conditions. An eminent psychologist has pointed out:<sup>5</sup>

Mere knowledge represents only potential action. To know what a man can do furnishes no guarantee of what he will do at a particular moment. Before he actually uses this knowledge, he must have the urge to use it.

And the determination of the character of that urge presupposes complete understanding on our part of those whom we wish to influence. Within the whole personnel of the Navy, we must be concerned basically with the young men—the men with more plastic minds and habits, and men who have the least reliable information. For example, Figure 2 indicates that men with less than one year's service had significantly less satisfactory knowledge than men of longer service and that men with histories of venereal disease were in some cases even *less* well informed. Statistical data show that the highest rates for both syphilis and gonorrhea are for enlisted Navy and Marine Corps personnel in the younger age periods, and closely reflects reported civilian rates.

What is the Navy doing? Venereal disease education is an important part of the responsibility of all medical officers in general, and in particular of the more than 50 venereal disease control officers now on duty. These officers received special training at Johns Hopkins University Medical School, including suggestions as to education as a control measure. Many medical officers go through a general indoctrination course at the Naval Medical School in Bethesda, Maryland, and a special section in the Naval Medical Bulletin helps to keep them up to date. The importance of the medical officer being able to impart practical information effectively to his patients is underlined by the paucity of correct information possessed by many patients.

Until the recent past, main reliance has been placed on lectures to inform Navy personnel. Some limitations of lectures in venereal disease education have been noted by recent Navy medical writers.<sup>6</sup> Youngkin remarks:<sup>7</sup>

A lecture on this subject must of necessity contain many concise related facts and our average audience is simply not able to grasp them all. As a result, a few facts are picked up which are coupled with the distorted knowledge the average adolescent boy gets from his "wise" buddies, and the resulting conception is unsatisfactory and sometimes worse than no knowledge whatever.

The quoted author suggests five criteria for an educational program:

(1) Is the material presented in a medium whereby it can be grasped, studied, and digested by the slow as well as the fast thinker?

(2) Is the material presented in words and manner which the average enlisted man can grasp?

(3) Is there any inducement for the average enlisted man to acquire this knowledge?

(4) Is there a way of forcing the naturally sluggish group to acquire this knowledge?

(5) Is the primary presentation of the subject matter supported by supplementary types of instruction?

To these questions may be added a sixth: Do the content and motivation elements of this education take into account the practical problems, needs, and circumstances surrounding the man in situations when the possibility of infection becomes an issue?

In content the Navy's education program approximates closely the general civilian pattern—emphasis on the fact that we are dealing with diseases not moral matters; that gonorrhœa and syphilis are not the same, and are not caused by strains, etc.; that quack treatment is dangerous and ineffective, but Navy medical service effective and reliable; that prostitutes are generally infected, inspection or regulation to the contrary notwithstanding; that sex relations are unnecessary for the preservation of manhood and good health; that prophylaxis is effective and painless if used properly and at the right time. Fear as an educational motif has largely gone, but penalties linger on in the form of loss of pay, limitation of certain types of service and promotions. We are much inclined to agree with Bishop Lawrence who, back in 1918, said:<sup>8</sup>

Again it is interesting to note how, when the Christian Church has given up saving the heathen by threatening them with the terrors of hell, many social reformers and doctors are bringing that motive to bear upon men and women, on boys and girls, to save them from vice. The threat works sometimes—it probably brought some heathens to Christ, but as a motive power, it is really very weak.

Revision of some time-honored practices seems in order if education is to pull its fair load. For example the Bureau of Medicine and Surgery has been placing more and more reliance upon audio-visual methods of education. A recent report by the Navy's Bureau of Aerouautics (which handles the production of motion pictures and slide films for the Navy) is in point:<sup>9</sup>

Traditionally, lectures and textbooks have been the primary materials of instruction. If films were used at all, they were employed merely to supplement the spoken and written word. In many instances, motion and still pictures were, and still are, looked upon as frills and novelties rather than basic instructional materials. However, alert instructors, realizing that studies have shown that films can speed up learning and increase retention, are turning to this medium of instruction. There are signs that films, rather than being mere appendages to teaching, may serve as basic materials, or "anchor" points around which courses of study are organized. In such cases lecture notes and textbooks are not thrown out the window. However, rather than being fundamental to instruction they serve to amplify and clarify the pictorial material.

As not infrequently has been the case in other agencies, initial film work in the Bureau of Medicine and Surgery was done with venereal disease, but is now growing by leaps and bounds into many other areas. To handle such work, a Section of Audio-Visual Education has been established by the Surgeon General in the Division of Preventive Medicine, and has been given cognizance of all such activities in the Navy.

For some time now, a film under the title, *Sex Hygiene*, has been used throughout the Navy and shown especially to recruits. It is a basic factual film which covers the field of venereal disease specifically as it relates to prevention, and attempts to put into practice some



CARTOONS RECALL THE LESSONS PREVIOUSLY GIVEN THROUGH LECTURES, FILMS AND PAMPHLETS

FIGURE 3

of the things we have learned about information and motivation. Prophylaxis especially offers critical problems in this regard—problems which in the past some have been prone to sidestep, although it is encouraging to see the response which has been accorded to recent steps in the right direction by the U. S. Public Health Service and many State health departments.

Not only must progress on the prophylaxis front hurdle many obstacles of public opinion in general, but the persons who should use these measures represent other stumbling blocks. At least three main difficulties are involved: (1) ignorance on the part of the potential user both as to the potentialities for protection and the correct procedures of use; (2) alcohol, which considerably inhibits the use of prophylactic measures, but which is probably not the culprit as often as reported, the chances being that it is used as a convenient excuse; and (3) esthetic factors which very definitely militate against the use of mechanical and to a certain extent chemical measures. In addition might be mentioned the reliability of the condom from a breakage and slippage point-of-view; the doubtful efficacy of chemical prophylaxis from a therapeutic standpoint and especially the practical time element problem; the cost to the individual, especially in the civilian population; and of course, contraception.

In addition to treatment in the film *Sex Hygiene*, prophylaxis and general venereal disease information are covered in a series of new leaflets now (January, 1944) being utilized throughout the entire Navy. These leaflets represent a further development in the modern concept of venereal disease education. They are designed with a specific use in mind—i.e., one is directed to the recruit who has just entered the Navy and finds himself face-to-face with a multitude of new problems but very likely without much accurate factual background. This leaflet attempts to set him straight as to the basic elements of sex hygiene and social conduct. Venereal disease is only casually mentioned in recognition of the fact that fear of disease is a poor reed upon which to lean a code of social conduct.

Three leaflets separately discuss syphilis, gonorrhea, and the minor venereal diseases. Another pamphlet outlines the essential elements of prophylaxis. These will be given to recruits at intervals during their training period and also to all men already in the Navy and Marine Corps.

A fifth leaflet is directed to the man who has been infected and is under treatment. It suggests to the patient that one infection is enough—that in the future he'll be smart to look before he leaps. A final leaflet emphasizes the venereal disease problem overseas, stressing the increased importance of avoiding exposure and of using prophylaxis.

Each of these leaflets is illustrated in color and is of a size to fit easily into the sailor's or marine's pocket. They have a sort of "delayed action" effect in that none of them are obviously about

venereal disease but, rather, appear to be interesting, almost fiction-like stories. Titles will illustrate: *The Story of Old Joe, Ed Puts 'Em Wise, For Service to Tojo, Hull Down.* Story plots are in terms of experiences and environments familiar to the reader and in keeping with conditions he faces during liberty hours—the “VD hours.”

A similar approach is being incorporated into a series of motion pictures now in production, the first of which will be available shortly. These are semi-entertainment-documentary films designed for screening during regular off-duty hour entertainment bills. The sailor's liberty hour problems are looked at from his own point-of-view, and the dramatic, action-stories told by the films are so developed as to make it easy for each man in the audience to put himself in the situation pictured. Again, as in the case of the pamphlets, the venereal disease aspects are camouflaged and held back until the decisive moment, when the fact can hit hardest and make the strongest impression. Some films are more subtle, and the venereal disease point is developed so as to “sink in” more slowly but none the less, we feel, securely.

While heavy reliance is placed on motion pictures, there are many situations in the Navy where projection is not possible. Destroyer escorts, submarines, landing craft, merchant vessels are examples. Here leaflets play a decisive role, together with graphic-arts devices, notably posters.

The Bureau of Medicine and Surgery inaugurated as of January 1, 1944, a “poster-a-month” distribution plan which brings to the attention of every man on shore or at sea a meaningful and attractive poster. Figure 3\* is a reproduction of one of three current posters which were prepared in cooperation with the Office of War Information and are published in full color.

Another new educational headache—new at least to this man's Navy—has been involved in the recruiting and training of women in the Navy and Marine Corps Reserves. The Waves and lady Marines pose some fundamental and difficult health and hygienic problems—problems which must be recognized and met with courage, tact, and dispatch, and problems which you may be sure have been receiving the earnest consideration of all concerned.

A coordinated plan of education in personal hygiene is now under way involving a Navy-prepared film and pamphlet, and utilizing as well educational materials from public health and social hygiene sources. Lectures are given by Medical Officers who are always available for private interviews regarding personal problems.

Inclusion of women in the armed services of this and other Nations is symptomatic, perhaps, of the scope and depth of the conflict in which we are engaged. No group nor person will be left unaffected. Little that is done—or not done for that matter—in civilian life fails to have its effect on a multitude of military activities—and

\* Page 36.

vice versa. Just as the rate of venereal disease infection is directly related to civilian health conditions, so the status of knowledge and attitudes toward the venereal diseases on the part of military personnel is a direct reflection of the efficacy and completeness of the total educational program. Certainly, with all of the attention that is being given to prevention of venereal disease by repression of prostitution, we cannot, under any circumstances, neglect the practical preventive potentialities of education and prophylaxis.

The opinions or assertions contained herein are the private ones of the writers and are not to be construed as official or reflecting the views of the Navy Department or the naval service at large.

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# THE VENEREAL DISEASE EDUCATION PROCESS IN THE U. S. NAVY\*

## A NOTE ON THE CHART

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In this chart an attempt is made to project graphically the admittedly complex and numerous elements which bear upon each sailor and marine and which materially condition his actions and the efforts of Naval and civilian authorities to protect him from venereal disease.

The key element, of course, is the man himself. He is pictured in the center panel as (1) the civilian youth who (2) passes through the Selective Service induction process to become (3) a recruit in the basic training station. Graduating, he may be transferred (4) to active duty or further training at a continental shore station, or he may go (5) to sea duty or (6) foreign duty ashore.

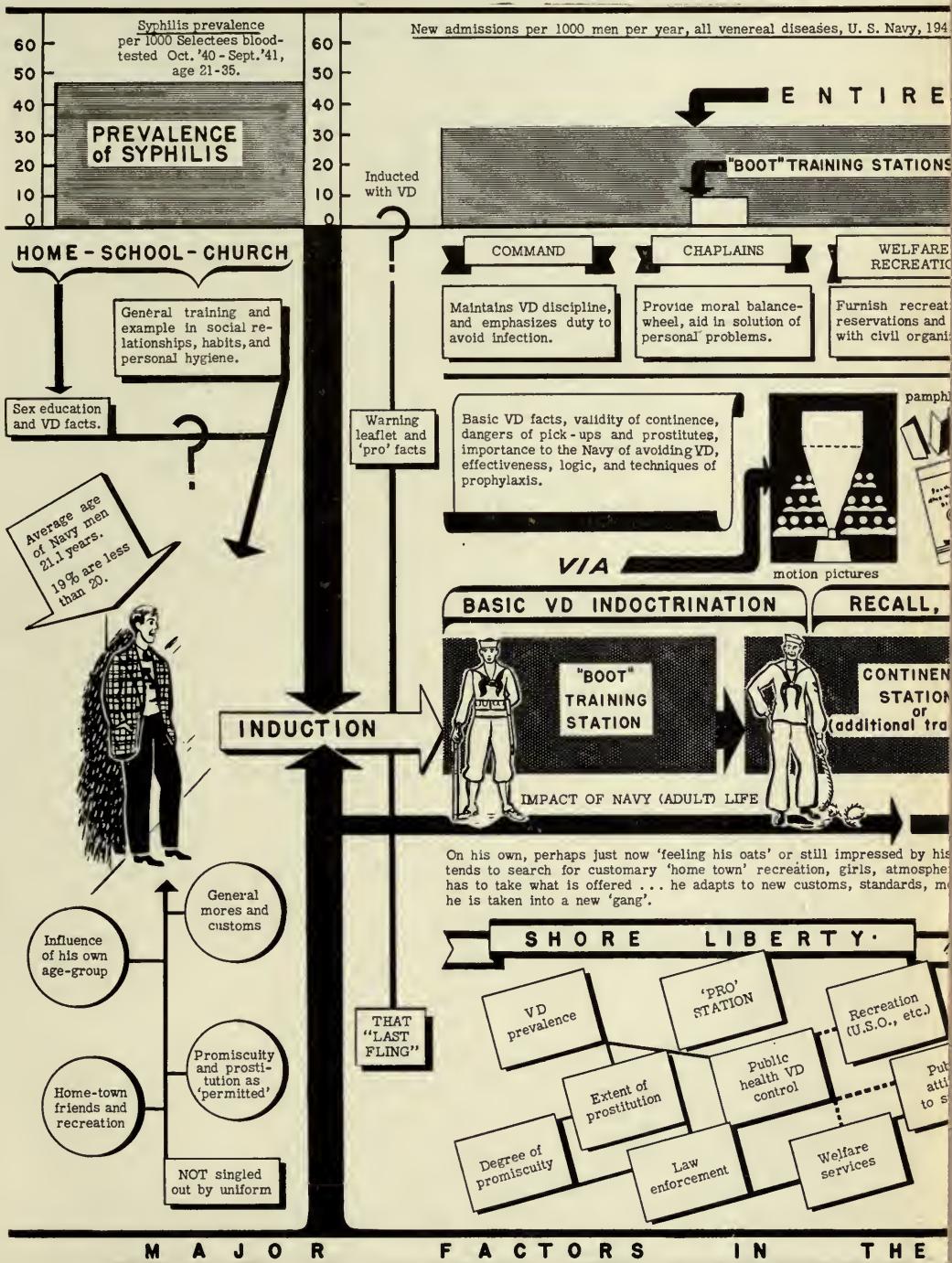
It becomes apparent that study of this "typical" boy-become-sailor or marine cannot be without prime consideration of the time factor. The uppermost section of the chart suggests this relationship in terms of disease rates. The prevalence of syphilis is impressive among Selectee age-groups, is thinned out substantially in the induction mechanism or is brought under treatment in the early days of Naval Service. But thereafter the all-venereal disease incidence rate begins slowly to be built up, and as the ultimate objective of the new Navy man is reached—i.e., sea and foreign duty—the peak of venereal incidence is also approached.\*\* Such a charting serves to highlight points of emphasis.

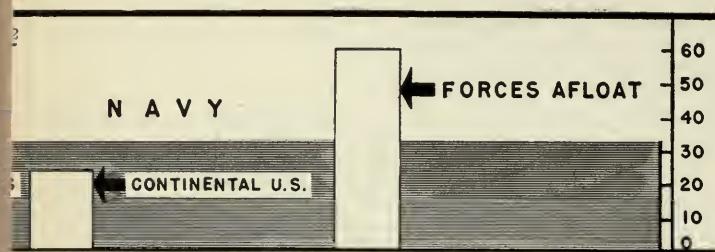
The remainder of the chart may now be considered as describing two main elements in the venereal disease syndrome: First, the major factors in the social environment; Second, efforts to inform and guide our "typical" subject, and by whom.

Across the lower portion we find indicated the leading environmental elements. The general customs and mores of his community, the practices of his own gang, the depthness of his feeling of "belonging"—all enter into the background of our composite youth. In

\* Abstracted from a lecture delivered before the Army-Navy Venereal Disease Control Officers' Class, Johns Hopkins University School of Hygiene and Public Health, Baltimore, 25 August 1943.

\*\* Caution should be exercised not to directly compare the syphilis prevalence figures with the incidence of all venereal disease.





### SHORE PATROL

Maintains decorum in liberty ports, directs to 'pro' stations.

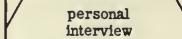
### lectures



### MEDICAL DEPARTMENT

Conducts health education, provides medical services, prophylaxis

### personal interview



### When infected==



diagnosis and treatment, plus:

1. Exposure-contact interview
2. Additional VD facts
3. Special emphasis on prophylaxis

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general it may be said that the lad in civvies is subject, at present, to less exploitation and to less attention than the man in uniform.

With his 1-A card and certificate of fitness, however, begins a transformation (and transmutation, in some respects) marked by one or a series of "last flings," unfortunately too frequently of venereal disease significance. He begins to absorb the impact of a reasonably adult Navy life during "boot" training, follows it up with (generally) a furlough back home. Then to a continental station for active duty or further training.

It is here that our "typical" new sailor comes into first, direct contact with community conditions predisposing either to "good times in good company" or sordidness and venereal disease. Here he finds "pro" does not stand for the kind of professional he may have thought. It is here that community venereal disease control, recreational facilities, and public attitudes toward Service personnel play their roles.

While he is finding his sea legs aboard a pitching destroyer, a waddling LST, or a lumbering battlewagon, he finds time also to dream and to discover that wearisome days of convoying and cruising build up a tremendous urge for liberty—for release from the confines of his ship, for different food, for the companionship of the nearest approximation of a Varga girl. So when he hits the beach it is largely what is within him as the result of his background and constant drumming of the Navy system that maintains his balance in the midst of generally unfavorable environmental circumstances.

Retracing our steps to the upper mid-panel of the chart, let us see of what the "Navy system" consists. In the first instance, the organized background training of our "typical" youth most likely has been haphazard, the home, the school, and the church at best working only loosely together to furnish him with a firm factual foundation. Early military health education efforts, of necessity, are given and received with a certain gratuitous air, and consist possibly of a few words from a recruit officer, together with exposure to one or two posters, and a pamphlet.

Within the Navy itself his training in venereal disease discipline becomes a combined operation of command officers, the chaplains, welfare and recreation units, the shore patrol, and, primarily, the medical department. During "boot" training he receives basic indoctrination in venereal disease. Films, lectures, pamphlets, posters, personal interviews and so on are utilized. An attempt is made to see that each man develops a reasonable degree of understanding of the problem and his relation to it, that he accumulates a fair number of crucial facts, and that he understands the technique of prophylaxis.

After basic "boot" indoctrination, the venereal disease education process turns from a training or teaching objective to one which attempts to provide motivation toward positive venereal disease discipline. Reiteration of salient points, recall of previously learned information, and practice, so to speak, in the application of such

lessons are the techniques employed. This, obviously, is a continuing process and one which must be carried on with every man at every post, afloat or ashore.

Finally, the educational process must be repeated and strengthened with every patient, for every venereal disease case is evidence of a breakdown, at some point, of venereal disease discipline in general and the educational process in particular.

The opinions or assertions contained herein are the private ones of the writer and are not to be construed as official or reflecting the views of the Navy Department or the naval service at large.



#### NAVY EDUCATIONAL POSTERS

Among the excellent educational materials which have been developed is a series of poster-placards designed and issued through the Third Naval District, 90 Church Street, New York City. Two of the series are shown herewith. Lieutenant Commander M. Wishengrad, District Venereal Disease Control Officer, writes that the posters grew out of requests for such material for education of Third Naval District personnel, the text being reviewed by a number of health education experts, including Dr. Walter Clarke of the American Social Hygiene Association, Dr. J. A. Goldberg of the New York Tuberculosis Association Social Hygiene Committee, and Dr. Herman Goodman of the New York City Department of Health. The completed series was developed in several eye-attracting colors by the Art Project of the local Work Projects Administration, and an edition of five thousand sets was produced, so that the Third District has been able to supply requests from other Naval Districts and outside agencies. A limited number of sets are available on request to Dr. Wishengrad at District Headquarters. The series includes seven placards, on medium weight cardboard, size 11 by 14 inches.

## NATIONAL EVENTS

REBA RAYBURN

*Washington Liaison Office, American Social Hygiene Association*

**U. S. Public Health Service Re-Organizes.**—In line with Congressional legislation adopted during 1943,\* the various activities of the Public Health Service are organized under three Bureaus, each headed by an Assistant Surgeon General, and the Office of the Surgeon General. A Medical Director heads each Division under the various Bureaus. The Bureaus, with their heads are: Bureau of State Services, Assistant Surgeon General Lewis R. Thompson; Bureau of Medical Services, Assistant Surgeon General R. C. Williams; National Institute of Health, Assistant Surgeon General R. E. Dyer. The former Division of Venereal Diseases comes under the Bureau of State Services, and is now known as the Venereal Disease Division. The main officers of this Division stationed at USPHS headquarters in Bethesda, Maryland, are listed below, together with the list of Directors and V.D. Control Officers of the USPHS Districts, and the Liaison Officers attached to the Army Service Commands:

**Venereal Disease Division: Headquarters Staff, Washington, D. C.  
Bethesda Station**

Medical Director John R. Heller, Jr., *Chief*  
Senior Surgeon Otis L. Anderson, *Assistant Chief*  
P. A. Surgeon George E. Parkhurst  
Lida J. Usilton, *Principal Statistician*  
Judson Hardy, *Education Specialist*  
Mrs. Eleanor Walker, *Administrative Assistant*

**a. Public Health Service District Directors and District V.D. Control Officers**

**District No. 1:** Sub-Treasury Building, 15 Pine Street, New York, N. Y.  
*Director:* Medical Director E. R. Coffey; *V.D. Control Officer:* Surgeon Erwin C. Drescher.

**District No. 2: National Institute of Health, Bethesda, Maryland.**  
*Director:* Medical Director Winfield K. Sharp, Jr.; *V.D. Control Officer:* Surgeon Noka B. Hon.

**District No. 3:** Rm. 852 U. S. Customhouse, 610 South Canal Street, Chicago, Illinois; *Director:* Medical Director F. V. Meriwether; *V.D. Control Officer:* Senior Surgeon Alfred J. Aselmeyer.

**District No. 4:** 1307 Pere Marquette Building, New Orleans, Louisiana; *Director:* Medical Director Charles L. Williams; *V.D. Control Officer:* Surgeon Eugene A. Gillis.

**District No. 5:** 1223 Flood Building, San Francisco, California; *Director:* Medical Director Walter T. Harrison.

**District No. 6:** San Juan, Puerto Rico; *Director:* Medical Director R. A. Vonderlehr.

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\* Public Law 184—78th Congress, Chapter 298—1st Session.

**District No. 7:** 215 West Pershing Road, Kansas City, Missouri; *Director:* Medical Director C. C. Applewhite; *V.D. Control Officer:* Surgeon Arthur B. Price.

**District No. 8:** 617 Colorado Building, Denver, Colorado; *Director:* Medical Director Fred T. Foard.

**District No. 9:** 831 Mereantile Bank Building, Commerce at Ervay Sts., Dallas, Texas; *Director:* Medical Director K. E. Miller; *V.D. Control Officer:* P. A. Surgeon Thomas H. Diseker.

**District No. 10:** Territorial Board of Health, Honolulu, T.H.; *Director:* Medical Director Robert H. Onstott.

**District No. 11:** Juneau, Alaska; *Director:* Medical Director E. W. Norris.

b. Public Health Service Liaison Officers for U. S. Army Service Commands\*

**First Service Command:** Boston Army Base, Boston, Massaehusetts. Senior Surgeon O. F. Hedley.

**Second Service Command:** Governors Island, New York. Senior Surgeon Albert E. Russell.

**Third Service Command:** U. S. Post Office and Court House, Baltimore, Maryland. Senior Surgeon F. W. Kratz.

**Fourth Service Command:** Post Office Building, Atlanta, Georgia. Medical Director Joseph Bolten.

**Fifth Service Command:** Fort Hayes, Columbus, Ohio. Senior Surgeon Ralph Gregg.

**Sixth Service Command:** Medcial Branch, 20 N. Wacker Drive, Chieago, Illinois. Senior Surgeon Adolph Rumreich.

**Seventh Service Command:** 320 Faidley Building, Omaha, Nebraska. Medcial Director Lon O. Weldon.

**Eighth Service Command:** 831 Mereantile Bank Building, Commerce at Ervay Sts., Dallas, Texas. Medical Director Knox E. Miller.

**Ninth Service Command:** Fort Douglas, Utah. Senior Surgeon Paul D. Mossman.

**Army Preventive Medicine Units Stepped Up.**—At a time when news stories from far-off battlefronts show the increasing importance of preventive measures comes word from the Office of the Surgeon General that the Division of Preventive Medicine has been given a higher status as signified by its new title of the Preventive Medicine Service. The former Venereal Disease Control Branch now becomes the Venereal Disease Control Division, and the Sections under it become Branches. Colonel Thomas B. Turner (now a full Colonel), former head of the V.D. Control Branch, heads the new Civil Public Health Division in the Preventive Medicine Service; and Major Glen W. McDonald, former V.D. Control Officer at

\* Mail address follows this style: Senior Surgeon O. F. Hedley, U. S. Public Health Service Liaison Officer, First Service Command, U. S. Army, Boston Army Base, Boston, Massachusetts.

First Service Command Headquarters, will likewise work for this new Division.

Acting Director of the V.D. Control Division is Lt.-Colonel Thomas H. Sternberg, formerly in charge of the Treatment Section. Captain Granville W. Larimore remains with the V.D. Control Division, and Captain Paul G. Reque, until recently V.D. Control Officer for the Eastern Defense Command and First Army, becomes Chief of the Education Branch in the V.D. Control Division. Below are listed V.D. Control Officers of the various Commands within continental United States. In cases where no Officer is listed, address Chief, Medical Branch, at the respective Command headquarters:

**a. Service Commands**

**First Service Command:** 808 Commonwealth Avenue, Boston, Massachusetts.

**Second Service Command:** Governor's Island, N. Y. Lt.-Col. Lyman Duryea (MC)

**Third Service Command:** U. S. Post Office and Court House, Baltimore, Maryland; Major Albert F. Doyle (MC)

**Fourth Service Command:** Post Office Building, Atlanta, Georgia; Major Ernest B. Howard (MC)

**Fifth Service Command:** Fort Hayes, Columbus, Ohio; Lt. Col. Walter B. Lacock (MC)

**Sixth Service Command:** P. O. Bldg., Chicago, Illinois.

**Seventh Service Command:** New Federal Building, 15th and Dodge Sts., Omaha, Nebraska; Lt.-Col. James H. Gordon (MC)

**Eighth Service Command:** Santa Fe Building, Dallas, Texas.

**Ninth Service Command:** Fort Douglas, Salt Lake City; Major Wayne C. Sims (MC)

**Caribbean Defense Command:** Quarry Heights, Panama Canal Zone; Major Daniel Bergsma (MC)

**b. Armies**

**Eastern Defense Command and First Army:** Headquarters, Governor's Island, New York.

**Second Army:** Headquarters, Memphis, Tennessee; Major R. R. Sullivan (MC)

**c. Army Air Forces**

**Army Air Forces Headquarters:** Office of the Air Surgeon, Washington, D. C., Major Robert Dyar (MC)

**First Air Force:** Headquarters, Mitchell Field, Long Island, New York, Captain Frank W. Parker (MC)

**Second Air Force:** Headquarters, Colorado Springs, Colorado, Major Thomas E. Gibson (MC)

**Third Air Force:** Headquarters, Tampa, Florida, Major Onis G. Hazel (MC)

**Fourth Air Force:** Headquarters, San Francisco, California, Major William H. Bennett (MC)

**Eastern Flying Training Command:** Maxwell Field, Alabama, Captain O. M. Stout (MC)

**Central Flying Training Command:** Randolph Field, Texas, Major Louis B. Arnoldi (MC)

**Western Flying Training Command:** Santa Ana, California, Captain Paul Levan (MC)

**Army Air Forces Proving Ground Command:** Eglin Field, Florida, Lt. Richard Lee (MC)

**Army Air Forces Air Service Command:** Headquarters, Patterson Field, Fairfield, Ohio, Captain W. L. J. McDonald (MC)

**Army Air Forces Troop Carrier Command:** Headquarters, Stout Field, Indianapolis, Indiana, Captain R. B. Allen (MC)

**Army Air Forces Air Transport Command:** Headquarters, Washington, D. C. Major Robert H. Riedel (MC)

**Army Air Forces School of Applied Tactics:** Orlando Army Air Base, Orlando, Florida, Captain A. L. Stebbins (MC)

**Navy Venereal Disease Control Officers.**—The up-to-date roster of Navy venereal disease control officers in the United States and West Indies, and the staff at the Navy Bureau of Medicine and Surgery in Washington, D. C., are as follows:\*

Note: NAS—Naval Air Station

NOB—Naval Operating Base

NH—Naval Hospital

NTSch.—Naval Training School

NTS—Naval Training Station

**Bureau of Medicine and Surgery, Division of Preventive Medicine:** Officer in Charge, Captain Thomas J. Carter, MC, USN; In Charge, Venereal Disease Control, Commander Walter H. Schwartz, MC, USN; Lieut. (j.g.) Howard W. Ennes, Jr. Address: Navy Dept., Potomac Annex, Washington, D. C.

#### First Naval District

Headquarters, Boston, Massachusetts; Lieut. John L. Ward, MC-V(S), USNR  
Shore Activities, Casco Bay, Portland, Maine; Lt. Commdr. Calvin C. Torrance, MC-V(S), USNR

NAS, Quonset Point, Rhode Island; Lt. William Feltman, MC-V(S), USNR

NH, Newport, Rhode Island; Lt. Commdr. Frederick M. Lee, MC-V(S), USNR  
NTS, Newport, Rhode Island; Lt. (j.g.) John A. Caswell, MC-V(G), USNR

#### Third Naval District

Headquarters, New York, N. Y.; Lt. Commdr. Harold F. Smith, MC-V(S), USNR  
NTS, Sampson, New York; Lt. Commdr. Robert H. Abrahamson, MC-V(S), USNR  
Submarine Base, New London, Connecticut; Lieut. Grant M. Dixey, MC-V(G), USNR

Section Base, Tompkinsville, S. I.; Lieut. Douglas J. Giorgio, MC-V(G)

NTS (WR), Hunter College, Bronx, N. Y.; Lieut. (j.g.) Pauline K. Wenner, W-V(S), USNR

Armed Guard Center, Brooklyn, N. Y.; Lt. Ernest E. Keet, Jr., MC-V(S), USNR

#### Fourth Naval District

District headquarters, Philadelphia, Pennsylvania; Lt. Commdr. Clarence J. Buckley, MC-V(S), USNR

Receiving Station, Philadelphia, Pennsylvania; Lt. Commdr. Frank P. Massaniso, MC-V(S), USNR

#### Fifth Naval District

District headquarters, Norfolk, Virginia; Capt. Reginald B. Henry (MC), USN, Retired

NAS, Norfolk, Virginia; Lt. Harold W. Klewer, MC-V(S), USNR

NTS and NOB, Norfolk, Virginia; Lt. Commdr. Alexander E. Rosenberg, MC-V(S), USNR

NTS, Bainbridge, Maryland; Lt. Harry W. Savage, MC-V(S), USNR

Amphibious Training Base, Little Creek, Va.; Lt. Commdr. Locke L. MacKenzie, MC-V(S), USNR

Naval Construction Training Center, Camp Peary, Williamsburg, Va.; Lt. Commdr. Samuel Tripler, MC-V(S), USNR

Medical Company Headquarters, Camp LeJeune, New River, N. C.; Lt. Lorenzo G. Runk, Jr., MC-V(S), USNR

\*All stations and bases are listed under the Naval Districts in which they are located geographically, although some are independent commands.

**Sixth Naval District**

District headquarters, Charleston, South Carolina; Lt. Commdr. Howard W. Reed, MC-V(S), USNR  
Marine Barracks, Parris Island, South Carolina; Lt. Commdr. Carroll B. Jones, MC-V(S), USNR  
NAS, Jacksonville, Florida; Lt. Leonard F. Ciner, MC-V(S), USNR

**Seventh Naval District**

District headquarters, Jacksonville, Florida; Lt. (jg) Arthur F. Turner, Jr., MC-V(G), USNR  
Naval Station, Key West, Florida; Lt. Bernard H. Shallow, MC-V(S), USNR  
Submarine Chaser Training Center, Miami, Florida; Lt. Commdr. Joseph H. Olson, MC-V(S), USNR

**Eighth Naval District**

District headquarters, New Orleans, Louisiana; Commdr. Thaddeus A. Fears, MC-V(S), USNR  
U. S. Naval Station, New Orleans, Louisiana; Lt. Commdr. Rexel Goodman, MC-V(S), USNR  
NTSch. (Aviation Maint.), Norman, Oklahoma; Lt. Commdr. Aloysius P. Rieman, MC-V(S), USNR  
NAS, Corpus Christi, Texas; Lt. Jack L. Derzavis, MC-V(S), USNR  
NAS, Pensacola, Florida; Lt. Morris Leider, MC-V(G), USNR  
NTSch., Memphis, Tenn.; Lt. Commdr. Jas. R. Stites, MC-V(S), USNR

**Ninth Naval District**

District headquarters, Great Lakes, Illinois; Lt. Commdr. Sol S. Schneierson, MC-V(G), USNR  
NAS, Grosse Isle, Mich.; Lt. Commdr. John W. Ferree, MC-V(S), USNR  
NAS, Olathe, Kansas; Lt. (jg) William K. Hall (MC), USN  
Naval Air Technical Training Command, Chicago, Illinois; Lt. Commdr. Bernard L. R. Toothaker, MC-V(S), USNR

**Tenth Naval District**

District headquarters, San Juan, Puerto Rico; Lt. Frank W. Reynolds, MC-V(G), USNR  
NOB, Trinidad, B. W. I.; Lt. Jerome J. Burke, MC, USN  
NOB, Guantanamo Bay, Cuba; Lt. Commdr. E. C. Smith, MC-V(S), USNR

**Eleventh Naval District**

District headquarters, San Diego, California; Lt. Commdr. Ammon B. Litterer, MC-V(S), USNR  
NOB, San Pedro, California; Lt. Commdr. Irving D. Litwack (MC), USN, Retired  
NTS, San Diego, California; Lt. (jg) Leonard Klein, MC-V(G), USNR  
Marine Corps Base, San Diego, Calif.; Lt. Israel Zeligman, MC-V(S), USNR  
Marine Barracks, Camp Elliott, San Diego, Calif.; Lt. Commdr. Howard S. Reiter, MC-V(S), USNR  
Marine Barracks, Camp Pendleton, Oceanside, Calif.; Lt. Commdr. Albert L. Van Dale, MC-V(S), USNR

**Twelfth Naval District**

District headquarters, San Francisco, California; Commdr. Benton Van Dyke Scott, (MC), USN, Retired  
NAS, Alameda; Commdr. Benton Van Dyke Scott, (MC), USN, Retired  
Rec. Station, San Francisco; Lt. Philip R. Partington, MC-V(S), USNR  
Navy Yard, Mare Island, Calif.; Lt. Commdr. Harold R. Weiduer, MC-V(S), USNR

**Thirteenth Naval District**

District headquarters, Seattle, Washington; Lt. Commdr. Alstrup N. Johnson, MC-V(S), USNR  
Puget Sound Navy Yard, Bremerton, Washington; Lt. Commdr. Samuel J. Sullivan, MC-V(S), USNR  
NTS, Farragut, Idaho; Lt. Alexander D. Campbell, MC-V(S), USNR

**Fourteenth Naval District**

District headquarters, Pearl Harbor, Hawaii; Capt. John B. Farrior, (MC), USN; Lt. Commdr. Edward J. Muldoon, MC-V(S), USNR

**Potomac and Severn Naval District**

Potomac River Naval Command, Navy Yard, Washington, D. C.; Lt. Israel Kruger, MC-V(G), USNR

**ANNOUNCEMENTS**

**November JOURNAL.**—*The Attack on Juvenile Delinquency*, subject of this number, is much before the public eye these days. Some copies of the number are still available, as well as reprints of various of the articles, which are 10 cents each unless otherwise indicated: *To Attack Delinquency; A Seven-Point Program*, Charles P. Taft, Pub. No. A-526; *The Community and Its Youth in Wartime*, Josephine D. Abbott, Pub. No. A-555; *What the Local Parent Teacher Association Can Do About Juvenile Delinquency*, Bess N. Rosa, Pub. No. A-529, single copies free.

**Last Month.**—The *Social Hygiene Day Number* is still in stock, and a number of reprints are available at ten cents each unless otherwise indicated: *"Quick Cures" for Venereal Diseases*, Walter Clarke, Pub. No. A-524; *Boomtown Wins a Battle*, Joseph Hirsh, Pub. No. A-513; *Why Youth Should Know the Important Facts About Venereal Diseases*, Maruice A. Bigelow, Pub. No. A-525, single copies free; *What Is "Sex Education"?* Ray H. Everett, Pub. No. A-517; *Editorial: Social Hygiene Day—A Call to Action*, Pub. No. A-544, free.

**This Month.**—A number on the *Federal Program for VD Education*, which represents the four main agencies concerned most directly with VD education. Already preprinted is *Venereal Disease Education in the Army*, Gaylord Anderson, Pub. No. A-533, 10 cents. Reprints of the other articles will depend on the demand.

**Next Month.**—The February issue will contain a number of items on VD education projects of special interest. See back cover for the list of main articles.

**Future Numbers.**—Present plans call for an *Anniversary Number* containing an account of the ASHA Annual

Meeting and other Social Hygiene Day events; and an *Annual Library Number*. Tentative plans also include a number on *Rehabilitation and Redirection*, and an *Inter-American Number*.

**Social Hygiene Legislation.**—Most state legislatures convened during 1943, and summaries of the status of social hygiene legislation following these sessions are now available in up-to-date form, as revised by George Gould, ASHA Legal Consultant. *Laws against Prostitution and Their Use*, Pub. No. A-458x is 10 cents. The *Summary of State Legislation Requiring Premarital and Prenatal Examinations for Venereal Disease*, containing charts which show details of the laws and reciprocity agreements between states, is 25 cents.

**Snow Series.**—The well-known series of three pamphlets—*Health for Man and Boy* (Pub. No. A-540), *Health for Women and Girls* (Pub. No. A-541), and *Marriage and Parenthood* (Pub. No. A-542)—by Dr. William F. Snow, has recently been revised by the author to include the latest information on therapy. In attractive new covers, the series sells for 25 cents a set, or 10 cents for each pamphlet. Quantity prices will be quoted by the ASHA Publications Service.

**Some Dangerous Communicable Diseases.**—A plan and script by the well-known health education authority, Maurice A. Bigelow, with editorial suggestions by a number of other experts, has developed this *Special Unit of Study in Health Education for Senior High Schools and Junior Colleges*. Planned as a project in visual education, it is adaptable to lecture and textbook methods. The materials include a *Manual for Teachers and Students*, a *Handbook for Students*, sets of cards for reflecting projectors, and sets of lantern slides for rental or purchase. Write for free circular, Pub. No. A-552, which describes these materials and gives prices.

# Journal of Social Hygiene

## CONTENTS

The Neighborhood War Clubs as a Channel for Popular Education in Venereal Diseases.....	Shata Ling.....	49
Plan for Reaching Industrial Workers through Industrial Health Committees.....	Percy Shostac.....	58
Biography of a Civilian Committee on Venereal Disease Control .....	M. Leider, S. Brookins and V. McDaniel.....	67
Venereal Disease Health Education Project for Negroes in Texas .....	Bascom Johnson.....	72
Conference with Negro Leaders on Wartime Problems in Venereal Disease Control: Abstract of Proceedings.....		76
Sex Education in School Programs on Health and Human Relations .....	Maurice A. Bigelow.....	84
New Problems in the Control of Syphilis and Gonorrhea....	Carl A. Wilzbach.....	88
Editorial: Health Education and Health Educators.....		93
National Events.....		95
News from Other Countries.....		98

National Social Hygiene Day  
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# Journal of Social Hygiene

VOL. 30

FEBRUARY

NO. 2

## THE NEIGHBORHOOD WAR CLUBS AS A CHANNEL FOR POPULAR EDUCATION IN VENEREAL DISEASES

SHATA LING

*Community Organization Specialist, Wayne County, Michigan,  
Venereal Disease Control Unit*

All who participate in popular health education are interested in methods and procedures. The following narration of an effort to utilize a portion of the machineries of the Office of Civilian Defense, with particular reference to venereal disease education, may prove to be of interest and, perhaps, of some value.

The Director of the Wayne County Venereal Disease Control Unit was interested in carrying out an educational program for the general public. He had already experimented with the more traditional form of lay education, such as with clubs, schools, churches, and other civic groups, but he wanted a method of education that would more nearly reach into the community. The Neighborhood War Clubs, or Block plan, of the Office of Civilian Defense seemed a natural channel. The problem that confronted the Venereal Disease Control Officer was: Would the Block Organization be a practical medium for this type of education? What were the advantages and disadvantages of this approach?

In January, 1943, by using the Selective Service figures as an index for the rate of incidence in a community, River Rouge was selected since it met the criterion of a high venereal disease rate, and satisfied other criteria, such as: the community must be one with sufficient diversification of population and industry; proximity to defense and military centers; a community with an existing venereal disease clinic; a community with a well-organized block plan.

River Rouge is a metropolitan satellite community situated about twelve miles below Detroit, with a population of about 17,000, of which 3,000 are Negroes. The town has two local weekly newspapers,

and for its daily news depends on the large Detroit papers. The town has a variety of employment facilities: the huge River Rouge Ford plant, the Great Lakes Steel Corporation a few miles below Rouge, at Ecorse. Fort Wayne, a military reservation, and the Grosse Ile Naval Training Station are almost equidistant from the center of River Rouge.

It takes little imagination to see that this community offered every element to make it ripe for an increase in the venereal diseases. Did it also contain the machinery for education as to prevention?

### *The Block Organization*

Nearly everyone is familiar with the first division of the Office of Civilian Defense, the protective service, but few people know that the Civilian War Services is organized along the same plan; that is, there is a block leader for each city block or a portion of the block. The Block Plan, originating many years ago as the Social Unit Plan<sup>1</sup> and streamlined for the present emergency of war, is basically sound as a medium for venereal disease education since its purpose is:

To stimulate participation of all households for Civilian War Service. Civilian War Services are all those activities, other than protection, with which communities and individuals must be concerned as part of their contribution to the war.

The Neighborhood Block leaders are, as a rule, women. They are the so-called morale wardens of the community. These leaders are organized as the arm of defense that deals with problems of the home front. Nationally, there are sections on Health, Education, Nutrition and Victory Gardens.

In the area under discussion, River Rouge, the Chairman of Civilian War Services was quite willing to give over the health section of his program, temporarily, to venereal disease control. A general planning group was formed, composed of all the people naturally found on a health planning group—the local health officer, the school nurse, the city nurse, the superintendent of schools, the librarian, representatives from the Council of Social Agencies. The addition of the following people, in official capacity, made this planning group different: The Civilian Defense Coordinator, the Chairman of the Neighborhood Block Clubs, and the Chairman of the Civilian War Services. The Wayne County Venereal Disease Control Officer served as an over-all consultant for the entire committee.

River Rouge had organized, on paper, 125 Neighborhood Block Clubs, with a tentative leader for each block. The constant call for women in industry had made deep inroads into this organizational structure, and by the time the venereal disease education program began to function there were considerably less than 100 who could or would devote even a little time to bringing news to the people on the blocks.

- 1 Philips, Wilbur C., *Adventuring in Democracy*.

*The General Plan*

The general plan for reaching the community was: (1) Train the block leaders through educational talks, movies, group discussions, and questions. (2) Encourage these block leaders to go back to their original neighborhoods, call together the people on the block, and give their own version of the talk, distribute the pamphlets and materials. If they wished, they could arrange for the showing of the movies in their own neighborhoods.

The training period was to be short; it was to be given in language that was readily understood by any of the laity, no matter what their educational level might be.

The Chairman of the Civilian War Services, in cooperation with the Venereal Disease Control Officer, sent a letter<sup>1</sup> to all neighborhood block leaders stating the importance of the training period and the need for their help in fighting this home front enemy. A flexible schedule was arranged so that as many block leaders as possible would be able to attend. Of the 120 to whom letters were sent the last week of April, announcing classes for May 3, 4, and 5, a total of forty block leaders attended the training groups. Out of the forty block leaders participating in the first meeting, only nineteen remained for more than one meeting. It appears that when the leaders had heard the talk, had seen the movie and participated in discussions, they felt they had enough information to call themselves informed.

In the whole training period emphasis was laid on certain phases of venereal disease control. The leaders were impressed with the following premises, conclusions, and facts, stated in the simplest terms:

1. That syphilis is a disease; and needs the efficient, kindly confidential treatment of patients, which we give tuberculosis, typhoid fever, or malaria patients.
2. That syphilis can be diagnosed.
3. That syphilis can be cured, if discovered soon enough. In all cases, it can be made non-infectious (we used the word "catching" for communicable).
4. That a complete examination, plus a blood test, is the accepted method of diagnosing syphilis; and helps find those who may have been exposed and infected.
5. That quacks and drugs recommended by friends are harmful and delay effective treatment.
6. That prostitution, which spreads the disease, should be repressed.
7. That the teen-age girl is a frequent and often unknowing spreader of syphilis; and that absence of family influence, whether owing to work on the part of the mother or other factors, is partly responsible for this.
8. That River Rouge having a venereal disease clinic in which persons unable to pay for treatment can come for help provides protection to the whole community.

<sup>1</sup> See end of article—Exhibit I.

9. That this protection could be broadened if River Rouge had adequate hospital facilities; and follow-up services.
10. That through better health, recreational and educational facilities, and effective police service, a community can lower its venereal disease rate if it uses these for that purpose.

When the leaders first met, they were given a short questionnaire<sup>2</sup> to determine how much they knew about the spread of the venereal diseases. The questionnaire, of the true and false type, proves a false indicator since good guesswork would result in a misleading score. Whatever questionnaire was to be used at the end of the demonstration, it should be one that required thought and education along community lines. After careful consideration, a multiple choice test was selected as the best method for obtaining information and educating. Such a multiple choice test was devised by the Wayne County Venereal Disease Control Officer in cooperation with the lay educator in Venereal Diseases for the Detroit Board of Health, the Chairman of the Civilian War Services and the writer.

The American Social Hygiene Association's film, *With These Weapons* was shown for mixed groups of block leaders, while for all male audiences, either in the neighborhood or groups of leaders, the Navy film, *Sex Hygiene* was found to be most satisfactory. At the end of the training period, the film, *Fight Syphilis*, a United States Public Health Service release, was found to be an excellent film for enlisting community participation and showing individual and community responsibility.

The hope of the plan was that the block leaders would themselves do the "educating," but as the plans developed it was found that the factual material on the subject was too new to most of them, and their timidity in disseminating it was too great. The best thing the block leaders could do for the program was to call together the people of their neighborhoods and have the talk presented by a lay educator. Only in five instances, did the block leaders, themselves, present the information in a more formal manner. However, the calling together of the people on the block, the distribution of the leaflets, *Wake Up Main Street*, and *Venereal Disease and National Defense*; arranging for a bookshelf in the public library; the distribution of the questionnaire; and as a final activity, the placement of the washroom card<sup>3</sup> in public washrooms were all activities of block leaders and their neighbors.

Any educational method is difficult to measure or evaluate. There is no way of knowing how many acquaintances, friends and members of families were helped to a better and a sounder knowledge of the principles of venereal disease control. But the following may be cited:

1. Forty Block Leaders, representing large population groups, took training in venereal disease education.
2. Twenty-five men and women were interested enough to attempt organization of block educational groups.

<sup>2</sup> See end of article—Exhibit II.

<sup>3</sup> See end of article—Exhibit III.

3. Ten neighborhood groups received information, discussed the problems and became links in a widening chain of participation.
4. Participation on the part of the Block Leaders gave concrete evidence of what the public wants to know about venereal disease. (See list of 127 questions asked during discussion periods.)<sup>4</sup>
5. The leaders demonstrated that there is an available nucleus in nearly every block; that it is possible to work out a net-work of informed, responsible home groups and families who care.

The failure to carry out, in its entirety, the purpose of the Neighborhood War Club, whether in venereal disease education or any other activities is due in part to the following factors:

1. Its leadership is not necessarily representative of the people. Theoretically, the Block Leader is an elected representative of the group. In practice, he or she is the one person on the block who has volunteered for war services in the community. Many times, that person is considered either too energetic or the "busy-body" type; or only someone whom the war has projected into participation, and who is scarcely known to any one in the neighborhood.
2. The emphasis was on a physical protection service while the home front was deteriorating. The change over to the Civilian War Services, such as health and welfare, came when the community and its leaders were devoid of enthusiasm and felt no sense of contribution to the war effort.
3. From a venereal disease control standpoint, the Block Plan was not as effective as it might have been since in many instances the Block Leader was meeting neighbors for the first time in connection with venereal disease. The strong, social taboos against these diseases, in addition to the lack of established neighborliness, were serious obstacles in this venereal disease education program.

### *Conclusion*

In conclusion, certain recommendations might be in order. Basically, the Block Plan, whether a part of an Office of Civilian Defense, or as a mere geographic unit, is a sound channel for winning participation of the people to a program or an idea. However, it is a process of community organization that can best be developed through a voluntary agency or a group of people undisturbed or frightened by the "budget bugaboo." The secret of changed attitudes—and that is what is being called for in venereal disease control—lies in the degree of participation of the youth of America. Participation in reducing the venereal disease rate must spring from morale developed within the schools and homes. Ordway Tead defines morale as "that pervasive attitude of voluntary, enthusiastic and effective mobilization of a group's effort for the accomplishment of some purpose."

It takes time, care, patience, and above all a sound philosophy to build morale into a community. Machine gun tactics in spraying information over a community is not the way towards sound homes and communities. The worker in venereal disease education needs a positive philosophy for the fight; he needs to be free from sense of pressure as to numbers; he needs a sense of responsibility and challenge. At one and the same moment, we must teach our young to

<sup>4</sup> See end of article—Exhibit IV.

build and man the tanks, planes and guns, while rearming their hearts to win the peace as well as the war.

I know of no agency better fitted to supply the above supporting factors than the American Social Hygiene Association. Its underlying philosophy is in accord with the fundamental premise of public health: that disease can be prevented. People can be different; people can change. People change when they have been educated into caring what happens, first, to themselves, then to their families, their communities and finally their country.\*

\* The contents of the letter and questionnaire, and the list of questions asked at meetings, referred to in this article, have been added below in fine print to give the reader a clear picture of the procedures—and at the same time to save space.

#### EXHIBIT I—OFFICE OF CIVILIAN DEFENSE—River Rouge Michigan

Dear Neighborhood Block Leaders:

You realize that you have volunteered for vital war service. You have enlisted in the great home army—enlisted in the fight against ill health and waste in your community.

War changes the patterns of our lives. War creates many strains and pressures on community life. Each of us has a part in fighting to maintain our way of life—particularly in its guarantee of a healthy, sound nation.

Dr. Thomas Parran, Surgeon General of the United States Public Health Service says, "For Victory, America has mobilized millions of soldiers, has raised ship-building towns, crowded industrial cities with men and women working to produce the tools of war. Wherever these people go, there too go the camp followers—syphilis and gonorrhcea. The venereal diseases thrive among dislocated, lonely people who do not have the opportunity to participate in wholesome community life . . . ."

As a part of our training institute we are including courses on the prevention and control of venereal diseases. Information, movies, pamphlets, as well as discussion, will be part of the War Services' Training Institute. You will need this training to carry the fight to your own block area.

#### WE NEED YOU IN THIS VITAL BATTLE OF THE HOME FRONT!

Classes will be held: Tuesday, May 4th—2-4 P.M., Dunn School. Tuesday, May 4th—7:30-9:30 P.M., River Rouge High School. Wednesday, May 5th—2-4 P.M., Northrup School.

You are urged to select the class most convenient for you but be sure to attend one of them.

GAYLORD M. SPEAKER, War Service Chairman.

#### EXHIBIT II—QUESTIONNAIRE FOR RIVER ROUGE

I. Which of these disease do you think are the most serious in your community at the present time? Check five: 1. Smallpox; 2. Typhoid Fever; 3. Scarlet Fever; 4. Tuberculosis; 5. Whooping Cough; 6. Syphills; 7. Malaria; 8. Measles; 9. Cancer; 10. Diphtheria.

II. Have you heard a talk or read any literature on the spread of syphilis? Yes ..... No ..... In the last three months .....

III. If you wanted to tell someone about the seriousness of syphilis, would you say it was: 1. Bad blood; 2. A disease passed on by a germ; 3. A disease caught in the air; 4. A disease caused by filth.

IV. How would you know you had syphilis? 1. Ache all over; 2. Feel depressed; 3. Spots before your eyes; 4. Have a blood test; 5. Have dizzy spells; 6. Have sores on the sex organs.

V. If you wanted to find out if you had syphilis, would you go to: 1. A drug store; 2. A friend who knew about syphilis; 3. A beer garden; 4. A doctor; 5. A school teacher; 6. A clinic.

VI. If syphilis is caught by loose living, which groups would most likely have the greatest number of cases? 1. Married couples; 2. People away from home; 3. High school girls; 4. High school boys; 5. Young people whose mothers are working; 6. Young people from broken homes; 7. Soldiers and sailors.

VII. What part can you play in the battle for a syphilis-free community? 1. Being a good neighbor; 2. Letting your child run the streets; 3. Taking responsibility for

recreation in your block; 4. Cooperation with law enforcing bodies to wipe out prostitution; 5. Giving your children correct sex education in the home; 6. Making an effort to give your child a chance to share the work, the fun and the job of building a sound, clean, and united home.

### EXHIBIT III

Placard used in River Rouge OCD Block plan: River Rouge, Michigan

#### DO YOU KNOW?

Syphilis and Gonorrhea are two separate diseases.

They are both Germ Diseases.

Syphilis and Gonorrhea are catching.

Anybody can catch Syphilis and Gonorrhea.

These diseases are usually spread through sexual contacts.

Avoiding sexual contacts, outside of marriage, is your best preventative against Syphilis and Gonorrhea.

\* \* \* \*

Syphilis is a serious disease. It may cause Death, Heart Disease, Blindness, Paralysis or Insanity.

Many times, the signs of Syphilis are so slight that the disease can be found only by a Blood Test.

If treatment is put off, your chances for cure are lessened.

Treatment for the disease must be regular in order to keep others from catching it.

Regular treatment is needed for a Cure.

\* \* \* \*

Persons who think they may have Syphilis or Gonorrhea should see their Family Doctor.

Persons unable to Pay for Medical Care may come to the V. D. Clinic, Basement City Hall, River Rouge.

This display sponsored by OCD and CWS as part of the NWC Program for improved Health and Welfare.

Michigan Department of Health in cooperation with River Rouge Health Department and U. S. Public Health Service

**KNOW FOR SURE!**

## EXHIBIT IV—QUESTIONS ASKED AT EDUCATIONAL MEETINGS

1. What effect does syphilis have on the throat?
2. Can syphilis be caught except through bodily contact?
3. Does treatment make syphilis non-infectious?
4. Does everyone in the Army have to take treatment if he has a venereal disease?
5. How long has the law regarding prenatal examinations been on the records?
6. When a boy is deferred because of venereal disease, does the government force him to take treatment?
7. What is the life expectancy of a child born with syphilis?
8. What is the combination of drugs used in the treatment of syphilis?
9. If the treatment takes over a year and you miss one, must you start over again?
10. What are the first symptoms of syphilis?
11. What are the first symptoms of gonorrhea?
12. Is a chancre always a sign of syphilis?
13. Is the sore contagious?
14. How has congenital syphilis been decreased?
15. Wouldn't it be expensive to take daily treatments?
16. Could a person stand to take daily treatments?
17. What is done with those found to have syphilis when examined by the draft boards?
18. Is the disease contagious after many years?
19. Can venereal diseases be spread in restaurants?
20. Are the sulfa drugs used in the treatment of syphilis?
21. What are the signs of a baby born with syphilis?
22. Are there other venereal diseases than syphilis and gonorrhea?
23. Does positive blood test always mean syphilis?
24. Does syphilis always give a positive test?
25. If a child is born with syphilis, will it go through life with it, and is it infectious?
26. Will a doctor know a child has syphilis at birth, even if he doesn't know the mother has it?
27. If a test shows negative, can it really be positive and not show up?
28. Can congenital syphilis be cured?
29. If a man has a negative blood test before marriage, does it mean he is free from syphilis when he marries?
30. In case of treatment, if a person knows he has syphilis and he is pronounced cured, is it possible for him to catch it again?
31. Will people object to taking a spinal test?
32. Why don't they make "shots" compulsory?
33. Would people get syphilis if they worked as janitor or scrubwoman in large public buildings?
34. Is it possible for the germ to stay alive in nutrient matter?
35. Could flies carry the disease?
36. How does gonorrhea compare with syphilis in number of cases?
37. What are you supposed to do if you have any doubt as to whether you have a venereal disease?
38. Suppose a man has an itching sore for the past 10 years, do you think it could be syphilis?
39. Is gonorrhea more serious than syphilis?
40. When should a person have a blood test?
41. Is the amount of infection higher in men than in women?
42. Can a woman give the disease to a child before it is born?
43. What effect does syphilis have on a young girl's tubes?
44. Does the disease increase in infection while the mother is carrying a baby?
45. How soon after you come in contact with the disease do you know you have it?
46. How does syphilis act on the body?
47. When a pregnant woman takes treatment, does she receive treatment for herself or for the baby?
48. If a woman is badly infected, can she be cured?
49. Can a reliable cure for syphilis be bought in the drugstore?
50. Do you have figures on the amount of venereal diseases among young people of high school age?
51. How can you tell you have syphilis?
52. How young a child should have a blood test?
53. If syphilis is so common, why haven't we forced people to take treatment?
54. If there is an infected child in the family can other members get syphilis through bodily contact?
55. Does the test always have to be a Kahn or Wassermann?
56. Is syphilis infectious in all stages?
57. Does a young congenital receive the same treatment as an adult?
58. How scientific are the really "quick" cures for syphilis?
59. Are the armed forces keeping venereal diseases in check?
60. Do you feel encouraged about the problem of venereal disease prevention and control?
61. Is it difficult to get people to accept educational programs?
62. How do we, as a community, organize to control syphilis?
63. Why are we so far behind in our control of venereal diseases?
64. How did Sweden do such a good job of control?
65. (a) Can films be shown to high school students in the schools?  
(b) Can we show this film and have these talks for fathers' and sons' clubs?
66. Are editorials available for our newspaper?
67. Why is there a difference in army and civilian rate of venereal disease infection?
68. What can a PTA do as a community organization to help in the control of the venereal diseases?

69. Do you think we should have blood tests for our young children at around 12 or 13?
70. Would it be legally possible to include blood tests in our school examinations along with tests for TB?
71. Do you think if a slip were sent home asking for permission to do a blood test on school children, it would do any good?
72. How long does it take to cure syphilis?
73. Is treatment the same for all stages of syphilis?
74. Does syphilis show up in the second or first generation?
75. Is the progress of gonorrhea stopped by treatment as syphilis is?
76. Do the sores of syphilis ever appear externally?
77. To what extent does the lack of immediate prophylaxis for civilians and its requirement for the armed forces account for lower rates of infection in the latter.
78. Do you believe that the present army is leading a cleaner life than in the last war or is their control program better?
79. If you are taking treatment, can you give the disease to another person?
80. Can you get it again if you have had treatment and been cured?
81. Is a midwife required to give a blood test?
82. Can she give a blood test at the time of delivery?
83. If a midwife has the disease can she give it to the newborn baby?
84. Can you get a blood test free?
85. Does Wayne County have as high a venereal disease rate among young girls as other parts of the country?
86. What do you do about joints that you know are frequented by "barflies" and pick-ups?
87. How long are patients checked after cure?
88. Are patients cooperative about keeping in touch for check-up?
89. Is the five-day treatment a hospitalized treatment?
90. Is publicity on juvenile delinquency overdone?
91. What do you think is the most startling fact about the newest figures on venereal diseases?
92. Did the venereal disease rate decrease after the last war?
93. Is there more education for prevention and control of venereal disease during this war?
94. When did Michigan pass the prenatal law?
95. How many states have premarital laws?
96. Does syphilis affect children always in the same way?
97. How can a baby get syphilis if it is not born with it?
98. Can the baby give it to someone else?
99. Does syphilis, if untreated, remain in the blood stream for life?
100. Can syphilis be transmitted if it is in the dormant stage?
101. If a man has syphilis, but the mother does not, can the child be born with syphilis?
102. What does the chance look like?
103. What effect does the curfew have on the control of venereal disease?
104. Couldn't we take care of our juvenile delinquency problem with a curfew?
105. How can we get people to have a blood test?
106. Could you get syphilis from other sources than through sexual contacts?
107. Are doctors required to report syphilis?
108. How do you get a doctor to give an expectant mother a blood test early in pregnancy?
109. Does the draft board tell you if you are deferred because of syphilis?
110. How long do children live who are born with syphilis?
111. Will syphilis cause a "blue baby"?
112. Does syphilis pass from generation to generation as it says in the Bible?
113. Does drinking contribute to the higher venereal disease rate?
114. Can one person in the family have syphilis without infecting other members?
115. How would one know if infected, without going to a physician?
116. Must the microscope be powerful to see the germ of syphilis?
117. How is the blood test made?
118. Does the germ of gonorrhea show in a blood test?
119. Is the test that is given upon hospital admittance the test for syphilis?
120. If you had syphilis, would they tell you if the test was positive? (Questions 119 and 120 are from same person.)
121. Is syphilis hereditary?
122. What precaution can a mother take?
123. Does it come back after "cured"?
124. What are some of the signs of a baby with congenital syphilis?
125. Does treatment while pregnant prevent syphilis in the child?
126. Is syphilis mentioned in the Bible? How old is lues?
127. Can you get syphilis from a bathtub?

## PLAN FOR REACHING INDUSTRIAL WORKERS THROUGH INDUSTRIAL HEALTH COMMITTEES \*

PERCY SHOSTAC

*Consultant on Industrial Cooperation, American Social Hygiene Association*

### *Industrial Cooperation*

Cooperation by management and labor, in unorganized as well as union plants and firms, offers a challenging, and as yet only slightly explored, method of bringing health education to industrial communities on terms most acceptable to the workers there employed.

Experience has shown that effective results in spreading health information in the industrial field can be achieved only occasionally with the help of management alone. A plant may have excellent medical facilities, may be willing to give blood tests to employees, may wish to distribute educational material, and yet these efforts may not be sympathetically received. The industrial worker is inclined to regard such efforts with suspicion unless his own organization is included as an equal partner in the planning and execution.

It is with the object of evolving an instrument with which to achieve such employee-management cooperation on behalf of a comprehensive and permanent health education program that the Association is now engaged in helping to establish a functioning Industrial Health Committee in the Fort Greene-Bedford District of Brooklyn, New York.\*\*

It is hoped that this demonstration in adult health education will provide a pattern for use in industrial communities throughout the country. Our thought is that affiliated social hygiene societies, cooperating with business men in their localities, with the trade union movement, local health authorities, the U. S. Public Health Service, organized medicine and other interested groups, can initiate and help to establish such projects in their communities.

The suggestions which follow are for the guidance of social hygiene societies and other cooperating groups wishing to achieve this end. They are offered in the belief that they can be used by men and

\* This article brings up to date a report prepared for the Conference of Social Hygiene Society Executives, held in New York on September 14-15, 1943.

\*\* Now known as the Fort Greene Industrial Health Committee.

women with the will, the devotion and the inspiration necessary to bring a comprehensive program of popular health education to the industrial workers of America.

### *The Field*

A sympathetic reception by organized labor is a most valuable asset in reaching industrial workers. This does not mean that the considerable number of unorganized employees in industry are to be overlooked.

It does mean that the unions comprise the majority of our most skilled, most stable, best paid workers. It means that the 13,000,000 union members in the United States are the vanguard of our working population; that the improved conditions achieved by labor through years of struggle have not only benefited trade unionists, but have raised the living standards of all who work.

Furthermore, our trade union population is organized into coherent groups and is represented by elected spokesmen. The very nature of these organized groups makes them more able to carry out as a body any program which they consider vital to their well-being. The unorganized workers are less readily approached and more difficult to move toward an objective.

As a timely example, it is estimated that at the end of 1943, eighteen million women were employed in the United States. About 6,000,000 of these are in war production industry, and of these, some 3,000,000 are members of trade unions. Furthermore, these 3,000,000 are employed largely in our most vital war plants. The conditions achieved by the organized group will affect the well-being of the entire 18,000,000. If these union women can be interested in planning for their better health, their unorganized sisters are more likely to follow the example.

It should be repeated that the unorganized workers must be included in any plan which hopes to cover an industrial community. There are, of course, many centers which employ mostly non-union workers. However, in the over-all picture, reliance must be placed on the organized groups for help in initiating and carrying through a program. The major relief agencies are aware of this and are stressing the trade union approach in their fund-raising campaigns.

The community chests of the country, the Red Cross, the major foreign relief agencies and the U. S. Treasury Staff have recognized the importance of support from the 13,000,000 men and women of organized labor. Bond sales through unions have set an enviable record. The National War Fund has received a substantial portion of its 1943 total from trade union members. Numerous community chests reached or exceeded their 1943 quotas because of union participation. Red Cross collected \$15,000,000 of its 1943 War Fund from organized labor, as well as a substantial portion of donations to the blood bank. The national health organizations can draw an important lesson from the large fund-raising groups.

The labor movement is a great reservoir whose resources have been tapped only slightly by our national health agencies. These resources consist of more than potential funds. In addition to dollars, the trade unions can contribute new forces and new enthusiasm to any projects which they know to be democratic instruments for meeting the needs of their communities.

In order to enlist active cooperation by labor for any health education program, local trade union leaders must be approached with some knowledge of the labor point of view. To provide a basis for such an approach, some fundamentals about the labor movement are given here.

#### *Trade Union Fundamentals*

To begin with, we should recognize that men and women join unions in order to better their working conditions and gain greater security, and very rarely because of coercion; that the labor movement has become a vital part of our democracy; that, generally speaking, union members make up the most socially-aware group of our working population; that trade unions holding closed shop contracts include leading artists of the theatrical and musical professions, top-notch newspaper men, professional people of many categories, the conductors and locomotive engineers on our trains, as well as men and women who work for a living with their hands or minds in most occupations.

In fact, the trade unions have long been centers of cultural, educational and welfare activities. Unions have carried on extensive amateur and professional theatrical projects; recreational programs and schools have been conducted. They have provided insurance and death benefits for their members, and in some instances medical services. The International Ladies Garment Workers Union produced *Pins and Needles*. The National Maritime Union, as part of its war activities, is conducting a seamen's training school, sponsored by the Maritime Commission, to enable its members to gain higher ratings. Increasingly successful servicemen's canteens, popular because of their democratic atmosphere, have been established by many unions.

Labor history discloses that the trade union movement was a pioneer in the cultural-educational field for the common man; that as early as 1830 the unions played a decisive role in the winning of free public education. Today the labor movement can be an important influence for the introduction of social hygiene instruction in our elementary and high school curricula. The primary efforts of the unions are for the economic welfare of their members; they must also be recognized as a great potential in the cultural life of our country.

It would be well for us to realize, too, that while the 13,000,000 men and women of organized labor are divided into three major groups—AFL, CIO, and Railroad Brotherhoods—and into many unions at times antagonistic to each other, all union people are loyal to the basic principle of trade unionism: collective bargaining for greater security, leisure, and better working conditions. In regard to strikes, it can be stated categorically that the union man, knowing

better than anyone else what this last resort entails, dreads a strike as a peaceful man dreads war.

While, unfortunately, racketeers are in control of a few unions, this is the exception, not the rule. The unions themselves are making steady progress in eliminating dishonesty. Most unions are run according to democratic principles of election and representation; most union members are loyal to the leaders whom they have elected.

It would be a mistake to underestimate the capability, skill and fortitude of the union official. It is true that he is seldom a college graduate. Yet at the bargaining table he has successfully matched wits with our most highly-paid corporation lawyers and the presidents of our most powerful industrial enterprises.

Trade unionists are realistic; they will not respond to vague ideas of uplift; they want to know what concrete benefits their members will get from participation in a program. Once convinced that a project is genuine, they are likely to respond wholeheartedly.

### *Search for a Plan*

The importance of the trade unions in the industrial picture has been described in some detail. It has also been pointed out that any sound plan for bringing a program to the largest possible number of industrial workers throughout the country must enable us to reach the unorganized employees, as well as the trade union groups.

Hitherto the Association has brought its message to working men and women through the cooperation of individual firms and on some occasions through individual union groups. The extension of our venereal disease control program through trade unions will be continued and amplified. However, the special needs and new problems arising from the war situation made us all realize that a more comprehensive method, one that would cover entire industrial communities, was called for.

We saw that we could no longer be limited by the friendly reception extended to us by the presidents or personnel heads of scattered industrial enterprises. We knew that we must find a way of enlisting both management and labor on city-wide bases in a virtual crusade for the elimination of venereal diseases from the ranks of our workers. When the Fort Greene-Bedford District Health Committee of Neighborhood Health Development, Inc., asked Dr. William F. Snow for the Association's help in reaching the industrial plants of that neighborhood of Brooklyn, New York, we were given an opportunity to make a demonstration of our theories.

### *The Brooklyn Demonstration*

The Industrial Health Committee of the Fort Greene-Bedford District has developed as a project in which employees and management (functioning through joint health committees in the participating firms) are cooperating with public and voluntary health

agencies, trade unions, and the medical profession to conduct a carefully planned program of popular health education in the industrial community. The venereal diseases are featured in a comprehensive list of health subjects to be dealt with.

Recognizing that education is a cornerstone of preventive medicine, the Committee is convinced that effectively informed men and women will take the necessary precautions to avoid health hazards or seek early treatment when illness occurs. Through a job of real teamwork on the part of workers and management, carrying out together a program which includes the publication and distribution of a semi-monthly illustrated health tabloid; through the intensive use of posters, placards, pamphlets, movies and the spoken word, and above all by the fostering of active democratic health committees within each firm, the program will seek to make the Fort Greene-Bedford District industrial community health conscious.

The Fort Greene-Bedford neighborhood is a highly industrialized section of Brooklyn in which more than 200 important plants and firms are located, with a heavy concentration of war production, including the Brooklyn Navy Yard. Other firms are widely varied, including large department stores, chain bakery factories, 14 of Brooklyn's major laundry establishments, milk companies, important candy, clothing and paper box manufacturers and public utility companies. According to present plans, with the Navy Yard included, the Committee would hope to reach 150,000 workers with its program.

Six months have passed since the initial meeting was held, with Dr. Walter Clarke present, when representatives of industry, unions, the Navy and the New York City Health Department took the first steps toward forming the Industrial Health Committee.

To date almost 60 of the largest firms in the neighborhood have affiliated with the Committee, and more than half of the \$20,500 estimated as needed for a year's activities has been subscribed by participating firms. It was pointed out to the firms that their contributions were payments for services to be rendered rather than gifts. On a similar basis support is expected from local trade union groups, all of which are working actively with the Committee. Contributions of printed material and help in preparation of the tabloid were offered by most of the national and local health agencies when 56 representatives met on January 18th at the invitation of New York Health Commissioner Ernest L. Stebbins to hear and to discuss the Committee's plans.

The Committee's roster of officers is representative of the various groups in the community which are cooperating to make the program a reality. R. E. Gillmor, Committee Chairman, is President of the Sperry Gyroscope Company, the largest war plant in the neighborhood; Louis Hollander, Co-Chairman, representing labor, is Manager of the New York Joint Board of the Amalgamated Clothing Workers of America, and President of the New York State Industrial Union Council; Dr. Charles F. McCarty, Secretary, is Executive Secretary of the Kings County Medical Society; J. V. Gilloon, Jr., Treasurer,

is Industrial Administrator for A. Schrader's Son, an important unorganized firm; Dr. L. Holland Whitney, Chairman of the Executive Board, is Medical Director for the Sperry Gyroscope Company; Dr. Jacob H. Landes, District Health Officer, serves as the Committee's official representative from the New York City Health Department. A full-time Executive Secretary, Mrs. Carmen Henry, has been employed.

The Brooklyn demonstration project officially launches its program on February 28th at the Hotel St. George when some 400 representatives of participating groups and interested citizens are expected to attend the Committee's Inaugural Dinner. On this occasion a panel discussion on the theme *Here's To Your Health* will be conducted by Mr. Gillmor with the following taking part: Dr. Victor G. Heiser, Consultant, Committee on Industrial Health of the National Association of Manufacturers, and author of *An American Doctor's Odyssey*; David L. Tilly, President of the Brooklyn Chamber of Commerce; Dr. Erval R. Coffey, District Director, U. S. Public Health Service; Mrs. Betty Hawley Donnelly, Vice-President, New York State Federation of Labor; Mr. Louis Hollander; Dr. Ernest L. Stebbins; Dr. Jacob H. Landes; and Philip R. Mather, Chairman, Committee on War Activities, American Social Hygiene Association. The first issue of the tabloid will be presented at the dinner in conjunction with the appearance of a union shop steward from one of the participating war plants and an employee from a department store which is unorganized.

### *Organizational Procedure*

To communities which may be inspired by the Brooklyn demonstration to undertake similar projects, a few suggestions on procedure are offered. These steps must be taken only as guide posts by which to steer a general course of action. Each locality will present its special problems with the trade unions, the local health department setup, the business community, the social hygiene society, and other interested organizations. In larger cities care should be taken to limit the area that is to be serviced so that the project does not become unwieldy. The important thing is to make use of all available local forces and to remember that if the approach is sincere and determined, a way will be found for effective accomplishment.

In the near future the American Social Hygiene Association will issue a procedure manual based on the experiences in the Brooklyn project. This manual will include samples of the tabloid and other printed material, lists of movies shown, programs of meetings, data about health committees in the firms, samples of form letters and other relevant material. Meanwhile the items which follow may be of assistance in starting organization work in your community.

#### I. *Initial Steps*

The social hygiene secretary should first gather together a few enthusiastic people from his own society and elsewhere. It would be well to enlist the local health officer and some labor people at the very beginning. Head-

quarters should be planned for, if possible in a health department building. The local TB society, Red Cross and other important voluntary health groups should be approached, but the principal tie-up must be with the health authorities. The active participation of employee representatives should be sought and encouraged at all stages of the Committee's development, for it must be remembered that this is not only a project *for* workers, but *by* workers.

One or more staff workers should be assigned to the project by the social hygiene society, the Health Department and any other cooperating groups willing to do so. However, as the work of the committee progresses, the services of a specially employed executive secretary will probably be needed.

## II. Visits to Key Leaders

Enthusiasm for the health committee plan should now be fostered. Among those who should be visited are important union people, leading industrialists, plant physicians and personnel directors who have been sympathetic to the social hygiene program, representatives of U. S. Public Health Service and of the VD control commands of the Army and Navy, as well as some socially minded citizens. Right from the beginning it should be made clear that the Committee plans to function on a basis of equal cooperation by management and employees.

During this period an outstanding and enlightened industrialist should be enlisted as chairman.

## III. Organizing Conference

The Industrial Health Committee can be officially established at a conference or luncheon to which the press (including labor and plant publications) may be invited. The agenda of the conference must be carefully prepared and the meeting short. After a presentation by two or three speakers of the need for such a committee and what it can accomplish, a detailed organizational plan must be offered. The Committee should be described as a permanent organization that will concern itself with various health problems, including the venereal diseases.

Discussion should then be invited, with a few key employee and firm representatives primed beforehand to endorse the plan and to introduce a motion for its adoption. The chairman should appoint a Continuation Committee of eight or ten to carry on the organizational details necessary for bringing the project into operation. Those to be named should be thought out carefully, and should include representatives of all participating groups, particularly industry and labor, and including a non-union employee.

## IV. Continuation Committee

Until the Executive Board is elected, the Continuation Committee must act as a temporary board, making decisions on methods of organization and policy. It should concern itself with the program to be undertaken, with enlisting new forces and a group of representative sponsors, with getting firms and employee groups to participate, and with raising the necessary funds.

## V. Form Letters to Firms and Sponsors

After lists of business firms have been obtained (from Chamber of Commerce, local Red Cross or Community Chest), they should be invited to participate by letters signed by the chairman on his business stationery.

Letters should also be sent to individuals asking for sponsorship. A mimeographed statement of aims should be enclosed. Care should be taken to have all letters individually typewritten or multigraphed by a competent letter shop. The union label should appear on all printed matter including Committee stationery when possible.

#### *VI. Follow Up*

Follow-up of important firms should be made by telephone and by visits. When firms agree to cooperate, a confirming letter should be sent.

#### *VII. Executive Board*

An executive board should be chosen which might very well include the Continuation Committee members. Since this group will be the core of the Health Committee's vitality, it must be chosen with great care and should include an equal number of management and union or employee representatives as well as physicians, etc.

For more efficient functioning, the Executive Board can be divided into subcommittees with special responsibilities such as editorial-publicity, medical, contacting, and finances.

#### *VIII. Health Committees in Firms*

A democratic employee-management health committee in every participating firm is the basis for a successful reception of the Committee's program and effective distribution of its material. Such firm health committees can sponsor the showing of movies and arrange for speakers in plants and unions; above all, they can promote true participation by employees in the program. They are the instruments through which the workers can become conscious and articulate about their better health.

Monthly meetings of the health committees in all participating firms should be planned.

#### *IX. Budget and Funds*

The budget decided upon for a year's program should include estimated cost of all material and printed matter to be used and distribution costs, as well as the salary of the executive secretary and any office assistance and incidental expenses necessary.

As already pointed out, when firms are approached for a contribution, it should be made clear that such contributions are to be regarded as payment for services to be rendered and not as gifts.

#### *X. Inaugurating Rally or Dinner*

The launching of the Health Committee's program can be the occasion for a rally or dinner to which every effort is made to bring all participating firm and employee representatives, sponsors, the representatives of interested and cooperating organizations, officials of the state AFL and CIO and field representatives of the relief committees of both groups, as well as the general public. At this meeting the mayor might be asked to speak in addition to the chairman, a union representative, a physician (possibly a spokesman for the county medical society) and a representative of an unorganized employee group. The first issue of the health tabloid can be presented and a radio broadcast arranged for if possible.

*XI. Scope of Program*

Most industrial health committees will at first wish to limit their activities to purely educational programs. It must be realized, however, that health education will create new demands for case finding and treatment facilities. It is recommended that when questions arise regarding blood tests, periodic health examinations, X-rays, etc., every effort be made to find practical means of making these services available. It is possible also that the Committee will be asked to support health legislation. It is to be hoped that the sincere interest of the leading Committee members in the welfare of our industrial workers will lead them to face these questions with courage and imagination. The industrial health committee is a pioneering effort for better health in the community. It must fulfil this noble purpose.

Ill-health, of body or of mind, is defeat. . . . Health alone is victory.  
Let all men, if they can manage it, contrive to be healthy.

SIR WALTER SCOTT

## BIOGRAPHY OF A CIVILIAN COMMITTEE ON VENEREAL DISEASE CONTROL

THE NEGRO WAR-TIME HEALTH COMMITTEE OF PENSACOLA, FLORIDA

L.T. M. LEIDER (MC)  
United States Naval Reserve

S. BROOKINS

*Representative, National Association for the Advancement of Colored People*

V. McDANIEL  
*Principal, Booker T. Washington H. S.*

### *Introduction*

This is the story of the conception, birth and early development of a civilian Negro Committee on Venereal Disease Control. In November 1943, preparing for an intensive state-wide campaign of public education on matters of venereal disease control, the authors set out to organize a civilian Negro community to implement part of the program. January 1944 was to be declared, and actually was declared, to be Venereal Disease Control Month in the state of Florida by Governor's proclamation.

The town of Pensacola in the County of Escambia, Florida, abuts upon a large Naval Air Station. About 25 per cent of the civilian county population is Negro, but only four per cent of the military complement is Negro. It is expected that the Negro fraction of the station strength will shortly rise to 15 per cent.

During the period when Negroes constituted a mere two to four per cent of the military complement, statistics revealed that they were contributing between one-fourth and one-third of the total number of cases of venereal disease. With the anticipated increase in Negro complement, a runaway situation was feared. The civilian situation as regards venereal disease attack rate was like that of Florida generally, which is unusually high.

### *Organization*

During the month of November 1943, preliminary meetings were held with a small group of Negroes. Some were military personnel who were natives and residents of Pensacola; others were civic-minded lay persons. At these sessions the nature of the Venereal Disease Control problem and related technical matters were explained. When it was felt that this nuclear group were sufficiently indoctrinated an organizational meeting was called.

About twenty persons responded. The composition of this group was as follows: the local representative of the National Association

for the Advancement of Colored People, the principal of the county Booker T. Washington High School, two Negro physicians, two ministers, the Negro investigator of the county health department, several Negro merchants and business men and miscellaneous others. The senior author acted as technical advisor.

It was immediately clear that the articles of organization would have to be letter perfect in terms of democratically elected officers and subsidiary committees, and that the subsequent proceedings must follow strictly the rules of parliamentary procedure. Consequently, a chairman, secretary, treasurer, and committees on fund raising, publicity, professional relations (church and medical) and material were elected. With this foundation, the Negro War-Time Health Committee set to work. Despite the implication in the title that the organization was designed for the limited duration of the war, a reservation for reorganization into perpetuity was made. A sense of permanence was thus instilled.

Shortly thereafter, the organization flowered to include most of the Negro professionals, a large percentage of the ministers, several teachers, and a large number of workaday people of both sexes.

#### *The Formulation and Implementation of a Program of Action*

The following broad program was adopted as feasible for the immediate and remote future and adapted to the local conditions:

1. Education of individuals and of the community at large in sex hygiene and venereal disease control by:

- (a) Mass meetings with movies and qualified speakers.
- (b) Distribution of printed matter and posters in a regular and planned way.
- (c) Newspaper and radio publicity with either sponsored and donated ads or by actual purchase, and by press releases.
- (d) A high school course in sex hygiene for the civilian school population and a curriculum of general supplementary education for Negro Navy personnel.

2. Repression of commercial prostitution and non-mercenary promiscuity by:

- (a) Direct appeal with the club of persuasion to the owners or operators of bars, juke houses and known or suspected brothels. A canvassing committee of prominent citizens was set up to visit, and revisit, flagrant places. Where persuasion seems likely to fail, law enforcement or other pressure mechanisms are to be set in motion.
- (b) The employment of an attendance officer to combat truancy and juvenile delinquency in the school population. Pro tempore, the committee is financing this officer out of its own meagre funds with official permission of the school board. When the results have justified the step, budgeted appropriation for this activity will be demanded.

3. Case finding and case holding by:

- (a) Close cooperation and working arrangements with the Negro investigator of the county health department.

- (b) A mass blood testing project of the high school population. This project is designed to serve as an educational measure, as a case-finding scheme and as an immediate medical benefit to a young group and to the public health.
- (c) General social pressure to make diagnosis and treatment sought for. A general expansion of social services is being planned as a catch-all mechanism to serve in many aspects of the program.

This bare outline does not convey in minute detail the elaborate nature of the activities. In actual operation innumerable subtle and difficult techniques involving ingenuity and plain physical exertion are employed. The labor necessary for planning and executing a successful public meeting, the eloquence and hours of argument required to convince indifferent, or even hostile, public servants, the collection of money and wise disbursement from an inevitably anemic treasury—all these things mean hours of time and work, unselfishly given. The intelligence, enthusiasm and effort of the committee members are phenomena difficult to describe, but those qualities are present in astonishing degrees.

#### *Achievement*

In barely three months of activity a significant record of accomplishment has already been made. A simple listing would read as follows:

1. An organizational firmness has been developed so that committee affairs are managed efficiently and expeditiously. Seemingly routine, but fundamental, matters of the weekly meetings, like a fixed and adequate place of meeting, prompt attendance of the membership, and strict attention to committee business have been thoroughly settled. The officers of the group perform their duties with imagination and smoothness. Previous minutes are reviewed, new minutes are recorded, various subcommittees report, old business is concluded and new business is generated. Stationery has been printed and numerous matters that can be carried on by correspondence are taken care of quickly and strategically. Psychological moments and situations can thus be taken advantage of as they arise without difficult personal approaches.
2. Popular subscriptions to date amount to more than \$300. The welfare fund of the local Naval reservation has seen fit to make a cash contribution of \$1,000 for a six-month period as a token of appreciation of the fineness of the program and its demonstratedly successful pursuit. Several fraternal orders and organized philanthropies, namely the Elks, the Junior Chamber of Commerce, and Jewish Federated Charities, have made substantial contributions. Two types of dues-paying membership, participating and sustaining, have been developed and a yearly income of some \$500 is realizable in this manner.

3. Official permission to employ an attendance officer has been obtained from the school board. This officer has been qualified and appointed. For the time being, the committee is underwriting the

salary of this employee until the obvious wisdom of the move forces his support from public funds. A voluntary subcommittee of social service workers has been set up to assist this officer. Appreciable results in combating truancy and delinquency are already evident. Among high school populations this is a major venereal disease control measure.

4. The Negro community has been saturated with striking posters, printed literature and word-of-mouth education. Two local Negro newspapers have carried donated advertisements and have written editorials about venereal disease control. Several mass meetings in schools and churches with programs of films and explanatory talks by medically qualified persons have been held. All this is a mere beginning.

5. A course in supplementary general education for Negro Navy personnel has been organized. Several school teachers of the Booker T. Washington High School have volunteered to spend one hour each per week for classes to be held every evening at the high school. The curriculum is planned to consist of (1) arithmetic and elementary mathematics, (2) American history, (3) English composition and literature, (4) music appreciation, spiritual and choir singing, (5) physical and sex hygiene.

6. The problem of pimping and facilitating activity by taxicabs has been attacked. Bootleg taxicabs are being run off the streets and licensed ones have been informed of O.D.T. action if they do not remain legitimate. Clear-cut promises of obedience have been obtained from individual taxi drivers and from their association as a body. As an immediate token of good faith, the cabs are carrying venereal disease posters as a mobile display and numerous cab drivers have made generous contributions to the committee treasury.

7. A subcommittee consisting of a minister and two others have been canvassing the neighborhood bars, dance halls, and suspicious boarding houses with appeals for cooperation in venereal disease control and warnings against offensive transactions. Preliminary promises, which will be followed up, have been obtained.

8. A spirit of friendly competition has been created so that the hitherto unorganized white population is starting to climb on the venereal disease control bandwagon. Fraternal orders have sent members as observers of this established group and have come away amazed at its smooth, business-like proceedings. The local commercial press has carried news items and a long commendatory editorial. In general, the quickly attained prestige of the Negro War-Time Health Committee has stimulated similar action far and wide.

9. A delegate from the Negro War-Time Health Committee was invited recently to attend a state wide conference on venereal disease control at the Bethune-Cookman School at Daytona Beach, Florida. This delegate returned as secretary-treasurer of a state

committee and was further appointed editor of a projected monthly publication.

### *Prospects and Lessons*

Nothing flies so much in the face of hard won social betterment by previous bitter social struggle and nothing insults human aspiration so much as common cynicism that ordinary people are stupid, that they cannot successfully conduct their affairs democratically, that they must be led (read, usually misled) by guile or force. That is Nazi Doctrine which is not absent from the formulations of even apparently "good" lay people, some scientists and many public servants.

The formation and operation of this committee is a living refutation of such authoritarian drivel.

The desiderata for successful committees of this sort seem to be:

1. A membership that knows, or is willing to learn, what the nature of human problems is.
2. A membership that is willing to expend, seemingly sacrificially and lavishly of time, energy and money commensurate with the long term benefits it hopes to achieve.
3. An organizational solidity, resting on democratic procedure, so perfectly run by elected officers and participating personnel that problems are discovered, solutions planned and execution instituted with verve and dispatch.
4. A philosophy of humanism that does not get riddled with factionalism about specious argument of **WHAT IS DESIRABLE**. The simple yardstick of the greatest good to the greatest number coupled with the egalitarianism of "without regard to race, creed or color" is readily available and automatically definitive. The sole questions of debate are **How to Do WHAT IS DESIRABLE** for the people, rarely **WHAT IS DESIRABLE**, which is usually the song and dance of a malicious Pied Piper. The latter formulation is the technique of the premeditating confuser, the "superior" person who leads into blind alleys. It is not even a question of **How to Do BEST WHAT IS DESIRABLE** because the continuous act of doing is a guaranteee that the best method will be evolved in the long run.

5. Finally a modicum of technical guidance is desirable. A careful qualification for this item is that technical advisors should not be dictatorial, nor sectarian, nor dominating nor impatient when the group is awkward or unskillful.

The prospects for such committees are enormously encouraging. They make possible of realization the hope that another group of diseases will be conquered by a public health effort, the only type of effort that has conquered any disease hitherto.

The opinions or assertions contained herein are the private ones of the writers, and are not to be construed as official or reflecting the views of the Navy Department or the Naval Service at large.

## VENEREAL DISEASE HEALTH EDUCATION PROJECT FOR NEGROES IN TEXAS

BASCOM JOHNSON

*Director in Charge, Dallas Office, American Social Hygiene Association*

After favorable conference with the Commanding General and the medical officers of the Eighth Service Command, with other Federal officials and those of the departments of Health and Education of Texas most concerned, the following letter was sent to eight Negro leaders\* in Texas, inviting them to serve as an Advisory and Sponsoring Committee for this project, and to attend an organization meeting in Houston on June 5th, 1943:

"In explanation of the telegram sent you today, the establishment of the educational project therein referred to resulted from the deep concern felt by health and educational leaders throughout the country because of the high proportion of Negro selectees who had to be rejected by the Army, the Navy, and their auxiliary services because they were infected with syphilis or gonorrhea.

"As you are doubtless aware, also, the incidence of these diseases among Negroes now in the armed services is far too high, and the efficiency of our armed forces is seriously threatened thereby.

"It is known that many Negro leaders throughout the country share this concern and, if given an opportunity, would be glad to do what they could to remedy the situation.

"The American Social Hygiene Association is the national voluntary association which has studied this problem for thirty years, and has promoted successfully, both nationally and locally, many legislative, public health, and educational projects for the better control of these preventable diseases.

"The Association has authorized me, as its representative in the southwestern section of the country, to select and employ a Negro educator for the three summer months to carry on an intensive project of health education among Negroes on the nature, causes, methods of spread, and cure of the venereal diseases.

"If this project is well received, demonstrates its value, and produces good results which are measurable, I shall recommend to my association that it be continued after the three months' demonstra-

\* Dr. Charles W. Pemberton, Houston; Dr. J. M. Franklin, Prairie View; Mr. W. R. Banks, President of Prairie View College; Mr. Leslie J. White, President of the Teachers Association of Texas, Longview; Dr. Henry E. Lee, Houston; Mr. Joseph J. Rhoads, President of Bishop College; Dr. S. A. Pleasants, Houston; Dr. Connie Yerwood, Texas State Department of Health.

tion period and extended to other areas in Texas and perhaps to one or more of the other states which comprise the Eighth Service Command.

"I hope very much that you will consent to serve on a committee to sponsor this project and to advise on plans and policies to be followed. The first meeting of the committee will be held in the office of the City Health Officer of Houston (Dr. Austin E. Hill) at 10 A.M., Saturday, June 5th.

"I hope to have selected, employed, and bring with me to the meeting the Negro educator who will carry on this project under the plans and policies that the committee may decide are most likely to produce worthwhile results."

All except one of the Negro Advisory Committee invited accepted. The one who declined did so because of ill health. Of those who accepted, five attended on short notice and at their own expense the organization meeting in Houston. One of the remaining two was unavoidably absent from the city and the other was delayed so long by late train connections that he gave up the trip.

To this meeting, also, were invited representatives of the State Departments of Education and Health; Mr. Whitecomb H. Allen, Regional Social Protection Representative, Federal Security Agency; Dr. Thomas H. Diseker, Venereal Disease Control Officer, District No. 9, U. S. Public Health Service; and Lieutenant Colonel W. C. Summer, in charge of Venereal Disease Control, Eighth Service Command. All of these State and Federal officials had endorsed the project but only Doctor Diseker was able to attend the first meeting.

At this first meeting, Mr. Caesar Francis Toles, teacher at Booker T. Washington High School in Dallas, who had been well recommended, was introduced to the Committee in the office of the City Health Officer, Dr. Austin E. Hill, who presided and opened the meeting with an excellent statement of the need for such a project in Houston and his promise to assist and cooperate with it in every way. I then read to the meeting the following extract from the letter of appointment of Mr. Toles which defined the purposes and objectives of the project and his duties in connection therewith:

Confirming our conversation concerning your employment by the American Social Hygiene Association for health education work among Negroes this summer, the purposes, objectives, terms and conditions of that employment are as follows:

The purposes are to acquaint as many Negroes as possible with the basic facts concerning the venereal diseases,—how they are acquired, how they are spread, and how cured; also their infectiousness and prevalence, and their menace unless promptly discovered and adequately treated, to the lives and health of infected individuals and to the continuity and solidarity of home and family life.

The objectives are to encourage Negroes to avoid exposure to these diseases, to take periodic tests, particularly blood tests for syphilis, to avoid exposing others when found infected, to go to qualified doctors for treatment if infected, and to continue treatment until cured.

You will be expected to carry out these purposes and objectives supplemented by such detailed instruction and suggestion as to methods and procedures as the American Social Hygiene Association or its local representative and the Advisory Committee shall jointly determine are appropriate and desirable.

Each week during the three months, you will be expected to prepare and submit to the American Social Hygiene Association and to the Advisory Committee progress reports on the project, and at the end of the three months a final report which shall contain statements of the work done and results accomplished.

On the basis of these reports and other data, the American Social Hygiene Association, in consultation with the Advisory Committee, will estimate the value of the project and determine whether it should and can be continued.

There followed a general discussion in which most of those present participated. It was made clear that Mr. Toles would be expected to acquaint himself first hand, under the guidance of Dr. Hill and his staff, with the basic facts concerning the venereal diseases, and that he must then rely heavily on the Advisory and Sponsoring Committee to help him plan his work and to provide opportunities for meetings which he would address and other contacts with those Negroes who most needed venereal disease education.

The Negro Sponsoring Committee then met separately and privately with Mr. Toles, made general plans, and elected its chairman and other officers, including an executive committee to manage the details of the project.

During my absence in the east, from which I returned early in August, Mr. Toles had requested that he be authorized to transfer his activities to Dallas. This request was approved, and he therefore remained approximately five weeks in Houston, one week of which he spent in gathering the necessary information at the Health Department and its clinics.

During this four weeks, he addressed 12 groups of Negroes, aggregating 1,600 persons. At some of these group meetings, he showed the four motion pictures of the American Social Hygiene Association entitled, *With These Weapons, Health Is a Victory, Plain Facts*, and *In Defense of the Nation*. The groups included ministers, beauty culturists, women's organizations, young peoples' groups, insurance agents, and labor groups. At all meetings, the literature of the Association was distributed.

The remaining six weeks of this three months' project were spent by Mr. Toles in Dallas, and at four Negro summer schools and colleges. During this period, some 25 groups were contacted, with audiences aggregating approximately 12,000. In addition, the films of the Association were shown to the general public at one of the commercial moving picture theaters in Dallas on five separate days.

One concrete result of this project was the increase in the number of Negroes who requested and obtained blood tests for syphilis in

both Houston and Dallas. The Health Officer of Dallas estimated this increase over a comparable period as about 25 per cent. This increase is believed to be fairly attributable to this project because every audience addressed by Mr. Toles was urged to have such tests periodically.

Another interesting fact brought out by the project was the very general interest manifested in it by the Negro clergy who for the most part cooperated wholeheartedly, and even set aside Sunday, August 7th, as Social Hygiene Day, and preached special sermons on the subject of venereal disease and incorporated in them material furnished by Mr. Toles. To those who understand the immense influence on the Negro people exercised by their ministers, their support of the program is most encouraging.

In conclusion, I quote the general statement prefacing the final report made by Mr. Toles and distributed to the Sponsoring Committee:

For a long time, the high incidence of syphilis among Negroes has been known. Explanations of how the Negro came to have the disease are beside the point. The point is to teach him to do the things necessary to free himself from the clutches of the disease.

Experiments in Macon County, Alabama, Albemarle County, Virginia, show that wherever Negroes are intelligent and have access to good treatment, the incidence of syphilis among them is the same or less than that of whites of the same community.

So, the reason for the work done in Texas this summer is not far to seek. It is felt that a program of education, along non-technical lines, will go a long way toward solving the problem of venereal diseases in the Negro.

The wonder is that the problem was not tackled earlier. The need for the work is obvious.

It will take a long-time program of education to achieve lasting results. We must overcome superstitions, preconceived, wrong notions regarding cause and treatment; we must overcome skepticism on the part of Negro leaders who feel the Negro has been the scapegoat. Negro children in schools must receive instruction on venereal diseases and personal hygiene. Negroes must learn that "syphilis is a disease, not a disgrace." They must hear the social diseases discussed at school, at home, at church, over the radio, in the newspapers. Physicians must give blood tests as an integral part of any physical examination. In short, every agency having to do with Negro community life must be pressed into service. A start has been made; follow-up is needed now!

The final report was read by Mr. Toles to a group of Army, Navy, Public Health Service, Federal and State officials who met in Dallas on September 3d. The unanimous conclusion of this group was that the project had demonstrated sufficient value to justify the American Social Hygiene Association in continuing it for another year. Recommendation, therefore, to this effect was made to and approved by the Board of Directors of the Association, with the understanding that it would be expanded to include communities in the other states in the Eighth Service Command. The State Health Officers in three of these states, namely, Oklahoma, Arkansas and Louisiana have asked for the loan of the Negro educator for a period of two or three months in their states, and have agreed to pay his traveling expenses while in their respective states.

## CONFERENCE WITH NEGRO LEADERS ON WARTIME PROBLEMS IN VENEREAL DISEASE CONTROL\*

### ABSTRACT OF PROCEEDINGS

The Conference with Negro Leaders on Wartime Problems in Venereal Disease Control grew out of both governmental and voluntary discussions of next steps leading toward reducing the number of syphilis, gonorrhea and other venereal disease cases and preventing new infections so far as possible.

It was recognized that these diseases attack people without distinction as to race, creed, color or national origin, and must in turn be fought in the open by all the people. It was also recognized that limitations of economic, social, medical and educational opportunities and facilities conspire to give these diseases special opportunities for spread among certain population groups, including Negro groups. It was known, too, that the Negro citizens are eager to do their utmost to eradicate these diseases from the nation, as an aid in War and for community life when peace is restored.

With these views in mind, it was proposed that the American Social Hygiene Association arrange a Conference for consideration of what might be done by united action at federal, state and local levels, to reduce the venereal diseases as a serious handicap to Negro health and efficiency. Accordingly, this Conference was held in New York City, under the auspices of the Association in its national office, November 22 and 23, 1943. A list of those attending is attached. A Continuation Committee was appointed to follow up the Conference recommendations. The Conference membership is being proposed as a temporary section of the General Advisory Committee of the American Social Hygiene Association.

Discussion centered about three major questions:

The prevalence and incidence of venereal disease among Negroes and specific problems involved in the control program.

The part, in the solution of this problem, that Negroes themselves can undertake through their voluntary organizations on a national, state and local level.

The assistance that these voluntary groups will need from public and private agencies on the national, state and local level.

\* New York City, November 22 and 23, 1943.

As an introduction to the section meetings which had been agreed upon, the Chairman called upon the following members of the Conference for general statements on current venereal disease problems and the status of these diseases in relation to the armed forces, industrial workers, and the civilian population generally. These speakers pointed out how the facts, procedures, and programs to which they alluded affected Negroes, and what the latter could do to advance the campaign for eradication of these diseases.

*Opening statement by Dr. Walter Clarke, Executive Director, American Social Hygiene Association.*

*A general statement concerning the prevalence of venereal diseases among Negroes by Dr. John R. Heller, Assistant Surgeon General, Division of Venereal Diseases, United States Public Health Service.*

*Some specific problems resulting from the high rejection rate of Negroes because of venereal diseases by Colonel Campbell C. Johnson, Executive Assistant, Selective Service System.*

*Current venereal disease infection rate among men in the Army by Lt.-Col. Thomas B. Turner, Chief, Venereal Disease Control Branch, Office of the Surgeon General, United States Army.*

*Current venereal disease rates among men in the Navy by Commander W. Schwartz, Office of the Surgeon General, United States Navy.*

*Law enforcement problems in Negro communities by Eliot Ness, Director and Raymond F. Clapp, Associate Director, Social Protection Division, Federal Security Agency.*

*The Committee on Medical Facts considered and made recommendations covering the following:*

A statement of facts on the prevalence and incidence of venereal diseases among Negroes, suitable for release to Negro newspapers and organizations.

The medical aspects of the venereal disease control program, taking into consideration all phases of this problem specially relating to the Negro population—such as the quality, quantity, availability and use of medical facilities and personnel.

Financial resources available through federal, state and local agencies for the improvement of such medical facilities and services.

*The Committee on Social Facts addressed itself principally to these topics:*

A statement of progress in dealing with community conditions favoring the spread of the venereal diseases.

Social protection policies and procedures of value, especially relating to the Negro population.

Financial and administrative aids through federal, state and local agencies for improving related social welfare facilities.

*The Committee on Action adopted as a basis for discussion the following points:*

How can Negro voluntary organizations promote the venereal disease control program?

What can official and voluntary agencies do to help these groups on the federal, state and local levels?

*The report of the Committee on Medical Facts was presented to the Conference at the final session by the Chairman, Dr. T. K. Lawless, with the following introductory remarks:*

The venereal diseases are as old as the Middle Ages. The most largely accepted history of the prevalence of syphilis is that it had appeared in Europe in epidemic form in the fifteenth century and was spread to other lands through military campaigns, explorations and trade routes. There are other theories, but all emphasize the distant origin of the disease.

From this period through succeeding centuries and years, syphilis has infected, disabled and killed many millions of people of all continents, nations, peoples and races. Gonorrhea, though less dramatic in its origin and history, also is a very prevalent, serious, disabling venereal disease. There are other serious venereal diseases though less well known; such as chancroid, granuloma inguinale, and lymphopathia venereum\* which are also disabling to civilian and military population.

The experience of the Negro people with communicable diseases has been similar to that of the white people of the civilized world. The present unfavorable position of the Negro, in the progress of control and prevention of venereal diseases and rates of infection is one of degree rather than of kind, for these diseases are a serious problem in both races and in military as well as in civil life. In part, this is due to disadvantageous social and economic conditions, to limited opportunities for utilizing medical and public health services, and in the case of syphilis, possibly to differences in susceptibility and resistance to the infecting organism. However, the trend of experience and control in the Negro population is following the general pattern of the earlier experience of the white population.

The current prevalence of the venereal diseases in the nation, at large, is of immediate interest, particularly because of the war emergency and the military and industrial manpower needs, and much attention and service is being directed to the problem of venereal disease control and venereal disease education for all segments of the population and all sections of the country. Hence, it is considered timely, desirable, and judicious to direct an adequate share of attention and available personnel and facilities for prevention,

\* Also frequently called lymphogranuloma venereum.

treatment, and control, to the Negro population, which authoritatively and admittedly has at present a comparatively high rate of venereal disease infection. The Negro should accept the opportunity and assume responsibility of contributing help and influence from within the race to the solution of the problem and the removal of whatever measure of stigma there is associated with it. Obviously, the Negro cannot solve this problem alone. It can be solved only by the support and action of the community as a whole.

*Among recommendations with reference to medical aspects were:*

**A Manual of Facts:** A manual of facts should be developed which could be used by various organizations interested in the reduction of venereal diseases.

**Training of Professional Personnel:** Much progress has been made in the training of Negro professional personnel for venereal disease control. However, there is yet a great need for competently trained individuals, and every attempt should be made to increase their numbers and facilities for training.

This training of Negro personnel should not be limited to physicians only, but should apply to all personnel that may be connected with this program, such as nurses, health educators, social workers and laboratory technicians.

**Employment of Negro Professional Personnel:** Negro physicians, nurses, and others are being employed to some extent in venereal disease control programs. It is the opinion of the committee that this should be continued and expanded as rapidly as possible. In the employment of Negro professional personnel, consideration should be given to their training, experience and interest. Where it exists, the Merit System should be used to govern all appointments.

**Medical Services:** Intensive support should be given to the private practitioner:

Provide opportunities for post-graduate training both on the level of refresher courses and more especially on the level of formal university matriculation and training.

Provide drugs and laboratory facilities for indigent people, irrespective of location.

Provide for expert advice and counsel in complicated cases.

Provide for adequate follow-up services.

Progress has been made toward the provision of adequate medical facilities for diagnosis and treatment for Negro and white patients so that today there are over 3,800 treatment centers in this country. The major responsibility for developing comprehensive venereal disease programs rests with the state and local official agencies and, therefore, they should provide the best medical services for all groups.

Health education opportunities for patients should be provided at all treatment sources.

**Financial Resources:** The committee reviewed the available funds for development of venereal disease control programs, and suggested that every effort should be made by health departments to adapt their programs in terms of the various groups in the population, and to allocate funds on the basis of actual needs rather than on any basis of population ratios and other less important factors.

*The Report of the Committee on Social Facts was introduced by the Chairman, Judge John M. Goldsmith, and presented by the secretary, Thomas A. Larremore. Among the conclusions with reference to social aspects were:*

The committee concluded, from an overall standpoint, that not enough real progress has been made, with respect to controlling community conditions favoring the spread of venereal disease to justify any statement about such progress.

Basically, the high venereal disease rate among Negroes is due to socio-economic factors, the correction of which will require time and involves questions beyond the purview of this Conference. Nevertheless, there are more immediate causes, many of which are susceptible to remedial action at this time.

Among the more immediate causes of high venereal disease rates among Negroes are the following:

Low wage income in the Negro population group; the necessarily large employment of mothers; and the resulting heavy dislocation of the family group, exposing the children to unguarded adolescent relations.

The low level of educational advantages available to the Negro population, with resulting wide-spread illiteracy and near illiteracy, and a lack of specific information concerning the venereal diseases.

An attitude of defeatism toward the problems of venereal disease control on the part of many white community leaders and of frustration among leaders in the Negro community.

Failure to enlist the support of the intelligent and able Negroes in each community for venereal disease control, and failure to develop effective collaboration between white and Negro leaders.

Inadequate housing, recreational and other community facilities for Negroes; also inadequate recreational and temporary-lodging facilities for Negro members of the armed forces on leave or liberty.

Failure to enforce laws against commercialized prostitution and allied activities in Negro communities. This is caused largely by a failure of law enforcement officials to practice a single standard

of law enforcement, and to give appropriate training to law-enforcement personnel, in the problems and methods of law enforcement as related to Negro communities.

Insufficient utilization of Negro personnel in medical, educational and law enforcement aspects of the venereal disease control program.

*The Report of the Committee on Action was introduced by the Chairman, Forrester B. Washington, who summarized the discussions of ways and means of informing the public and securing their active participation. The need for coordination in planning and carrying out programs was emphasized in the recommendations submitted by this Committee.*

*In addition to approving a small Continuing Committee, the Conference adopted the following general observations:*

Considerable money is now available, through Federal and voluntary agencies, with which to effect a substantial improvement in various factors mentioned in the foregoing paragraphs, provided this money is allocated and used according to demonstrated need.

Improvement is needed in administrative practices in order to insure the most effective utilization of these funds at the local level.

There should be Negro representation on the Board and staff of organizations both voluntary and official, which are concerned with planning and policy making in the field of venereal disease control.

#### ASSIGNMENT TO SECTIONS

*Section A—Medical Facts:* Chairman, Dr. T. K. Lawless; Secretary, Dr. Paul Cornely; Dr. Roscoe Brown, Dr. Walter Clarke, Dr. John R. Heller, Colonel C. Johnson, Dr. John Kenny, Dr. Oma Price, Dr. T. M. Smith, Mrs. Mabel K. Staupers.

*Section B—Social Facts:* Chairman, Judge John M. Goldsmith; Secretary, Thomas A. Larremore; Dr. Roscoe Brown, Dr. George Haynes, Colonel Campbell C. Johnson, Paul M. Kinsie, Eliot Ness, Commander W. H. Schwartz, John Sengstacke, Lt.-Col. Thomas B. Turner.

*Section C—Action Facts:* Chairman, F. B. Washington; Secretary, Blake Cabot; Mrs. Mary McLeod Bethune, Ambrose Caliver, Raymond F. Clapp, Judson Hardy, Dr. Mordecai Johnson, Dr. Jesse Jones, Vinita Lewis, Dr. Edgar Love, Philip Mather, Mrs. Eleanor Brown Merrill, John Ragland, Bishop R. R. Wright, Jr.

#### MEMBERS OF CONTINUATION COMMITTEE

Mrs. Mary McLeod Bethune	John A. Sengstacke
Dr. Paul Cornely, Secretary	Mrs. Mabel K. Staupers
Colonel Campbell C. Johnson	Lt.-Colonel Thomas B. Turner
Dr. Mordecai Johnson	F. B. Washington
Dr. T. K. Lawless	Bishop R. R. Wright, Jr.
Dr. William F. Snow, Chairman	

## LIST OF CONFERENCE MEMBERSHIP

1. \*\*Bethune, Mrs. Mary, President, Council of Negro Women; Washington, D. C.
2. \*Bray, Bishop James A., President, Fraternal Council of Negro Churches in America; Chicago, Illinois.
3. Brown, Dr. Roscoe, Senior Health Education Specialist, U. S. Public Health Service; Washington, D. C.
4. Browning, Charles P., National Representative of *Chicago Defender*; Chairman, Board of Directors, P.E.P. (Negro Press Trade Journal); Chicago, Illinois.
5. Cabot, Blake, Acting Director, Public Information Service, American Social Hygiene Association; New York, N. Y.
6. Caliver, Ambrose, Specialist, Office of Education; Washington, D. C.
7. Clapp, Raymond F., Associate Director, Social Protection Division, Federal Security Agency; Washington, D. C.
8. Clarke, Dr. Walter, Executive Director, American Social Hygiene Association; New York, N. Y.
9. \*\*Cornely, Dr. Paul B., Head, Department of Bacteriology, Preventive Medicine and Public Health, Howard University; Washington, D. C.
10. Goldsmith, Judge John M., Legal Consultant, Social Protection Division, Federal Security Agency; Chairman, Committee of Social Protection, American Bar Association; Washington, D. C.
11. \*Guild, Dr. St. Clair, Director of Special Programs, National Tuberculosis Association; New York, N. Y.
12. Haynes, Dr. George, Secretary, Department of Race Relations, Federal Council of Churches of Christ in America; New York, N. Y.
13. Hardy, Judson, Education Officer, U. S. Public Health Service; Washington, D. C.
14. Heller, Dr. John R., Assistant Surgeon General, U. S. Public Health Service, Washington, D. C.
15. \*Hinton, Dr. William A., The Boston Dispensary, Boston, Mass.
16. \*\*Johnson, Col. Campbell C., Executive Assistant, Selective Service System, Washington, D. C.
17. \*Johnson, Dr. Charles, Director, Department of Social Sciences, Fisk University; Nashville, Tenn.
18. \*\*Johnson, Dr. Mordecai, President, Howard University; Washington, D. C.
19. Jones, Dr. Jesse, Director, Phelps-Stokes Fund; New York, N. Y.
20. Kenney, Dr. John, Superintendent, John A. Andrews Memorial Hospital, Editor of the N. M. A. Journal; Tuskegee Institute, Ala.
21. Kinsie, Paul M., Director of Field Studies, American Social Hygiene Association; New York, N. Y.
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23. Larremore, Thomas A., Legal Consultant, American Social Hygiene Association; New York, N. Y.
24. Lewis, Vinita, Consultant in Social Services, U. S. Children's Bureau; Washington, D. C.
25. Love, Dr. Edgar, Director, Division of Negro Workers, Board of Church Missions of the Methodist Churches; New York, N. Y.

\* Those who telegraphed inability to attend because of illness, travel difficulties or unexpected government orders.

\*\* Those named to serve on the Continuation Committee.

26. Mather, Philip R., Chairman, War Activities Committee, American Social Hygiene Association; Boston, Mass.
27. Merrill, Mrs. Eleanor Brown, Executive Director, National Society for the Prevention of Blindness; New York, N. Y.
28. Ness, Eliot, Director, Social Protection Division, Federal Security Agency; Washington, D. C.
29. \*Paige, Judge Myles A., Court of Special Sessions; New York, N. Y.
30. \*Poston, Theodore, Consultant, Office of War Information; Washington, D. C.
31. Price, Dr. Oma, Epidemiologist, Bureau of Social Hygiene, Department of Health; New York, N. Y.
32. Ragland, John M., Specialist in Social Protection, Social Protection Division, Federal Security Agency; Washington, D. C.
33. \*Riddle, Mrs. Estelle Massey, Consultant, War Nursing Council; New York, N. Y.
34. Schwartz, Commander W. H., Bureau of Medicine and Surgery, United States Navy; Washington, D. C.
35. \*\*Sengstacke, John A., President, Negro Publishers Association; Managing Editor, *Chicago Defender*; Chicago, Ill.
36. Smith, Dr. T. M., President, National Medical Association; Chicago, Ill.
37. \*\*Snow, Dr. William F., Chairman, Executive Committee, American Social Hygiene Association; New York, N. Y.
38. \*\*Staupers, Mrs. Mabel K., Executive Secretary, National Association of Colored Graduate Nurses; New York, N. Y.
39. \*\*Turner, Lt. Col. Thomas B., Chief, Venereal Disease Control Branch, United States Army; Washington, D. C.
40. \*\*Washington, F. B., Director, Atlanta University School of Social Work; Atlanta, Ga.
41. \*\*Wright, Bishop R. R., Jr., Executive Director, Fraternal Council of Negro Churches in America; Wilberforce, Ohio

\* Those who telegraphed inability to attend because of illness, travel difficulties or unexpected government orders.

\*\* Those named to serve on the Continuation Committee.

## SEX EDUCATION IN SCHOOL PROGRAMS ON HEALTH AND HUMAN RELATIONS

MAURICE A. BIGELOW

*Chairman, Committee on Education, American Social Hygiene Association  
Professor Emeritus of Biology, Columbia University*

**NOTE:** The following is little more than an outline of the present trends of education which relates to sex in human life. There are hopeful signs that such education which has long been neglected is coming to have an important place in broad programs of education for more helpful understanding and management of the inevitable human relations—biological, mental and social.

It is now accepted by many competent educators that the essentials of sex education should be taught as integral parts of programs on health and human relations. This statement obviously gives no basis for use of the term "human relations" as a new name or euphemism for social hygiene or sex education. It should be clear that "human relations" includes much more than "sex relations," and that school programs in health and human relations offer opportunities for integration of the important topics selected from the field of the larger sex education.\*

The larger sex education or social hygiene education has long included the biological, hygienic, mental and social relations of the two human sexes. Either name is quite satisfactory for use in discussions of education relating to sex, but both have failed to win general approval as designations for school programs. Meanwhile in the past twenty-five years a considerable amount of the desirable sex education, without names that suggest "sex" or "social hygiene," has been developing in many schools as integrated and incidental studies. Most such instruction is connected with units or courses in biology, health education, social studies and family life education. Such school work which as "science" deals with the biological, hygienic, mental and social relations of men, women and children has the approval, at least in principle and outlines, of many prominent parents, teachers and religious leaders.

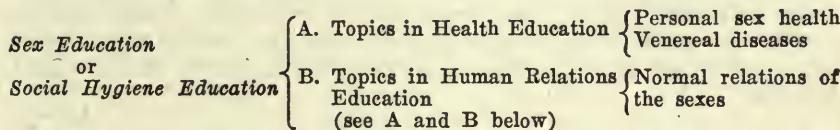
We now need better organization, correlation and especially administration of education for improving education in health and human relations connected with sex in human life. In short, the time is

\* This point of view was stated by Bigelow in a paper entitled *Human Relations Education in School and Society*, Vol. 54, pp. 499-500, November 1941. Reprints are still available, free, in the office of the American Social Hygiene Association.

See also Notes 1 and 2 at end of this article.

ripe for rapid advance in teaching the essentials of sex education, without the name, as an integral part of school programs in health education and human relations education. This is a logical plan because the major part of the desirable instruction bearing on the relations of the sexes deals with physical and mental health and with the human relations (biological, mental and social) in personal and family life.

The first radical step towards re-organization of sex education came about 1940 when many leaders in public health education agreed that the venereal diseases should be placed in health education as communicable diseases. Thus the "new sex education," without VD, was left with *the normal aspects of sex* as the center of interest. Gradually in the past three or four years it has come to be recognized by many leaders in education that these *normal aspects* are topics which belong in what we are rapidly coming to call programs of education in health and human relations. These recent changes in terminology and planning of school curricula may be summarized by the following outline:



The sub-headings A and B in the outline above emphasize the fact that only certain topics in Health Education and in Human Relations Education are directly connected with Sex Education. Obviously, "education in health and human relations" should be used to designate broad programs of studies, and *not a new name* for sex education.

#### **A. Sex Education topics in Health Education**

## Personal sex hygiene—health as affected by normal functioning of the reproductive organs.

## Venereal diseases—health as affected by these communicable diseases.

(This second topic is covered by the recently published special unit on *Some Dangerous Communicable Diseases*, which includes in two or three lessons the essential facts about venereal diseases which maturing youth ought to know.)

#### **B. Sex Education topics in Human Relations Education**

The significant topics concerning the normal relations of the sexes are *biological, mental and social*. These are primarily *personal* or individual, but they naturally lead towards a center in *family life*. Hence, in planning the teaching concerning sex, in the larger sense, in programs of Human Relations Education, we must present the biological, the mental and the social relations of the sexes with due regard for the interests of the individual and of the family.

*Outlines of Human Relations Basic to Sex Education*

- I. *Biological relations* (Heredity and Eugenics, Biology of Reproduction, Biological Basis of the Family).
- II. *Mental-social relations* (A fertile field which is not yet well cultivated in schools. Education for inter-personal relations is desirable as foundation for family social relations).
- III. *Family-social relations* (This should be the center of family-life courses and books for schools and colleges; but many of these still neglect opportunities for integrated studies in biological, and mental-social relations, I and II).

*Supplementary Notes*

1. The ASHA Committee on Education is watching with great interest school programs which are officially designated *Health and Human Relations* in some public schools, especially in Lexington, Kentucky, and in Philadelphia, Pennsylvania. A preliminary report on Lexington schools was issued in March, 1943. In Philadelphia, a *Preliminary Statement* was issued by the office of the Superintendent of Public Education in November, 1943 (*Educational Bulletin No. 3*). This states that the title *Health and Human Relations* was chosen as a broader term for a program or curriculum "designed to develop in every child and adolescent sound emotional attitudes and patterns of conduct in the entire realm of sex and social living." While many facts of social hygiene are important in education, "they are in reality incidental to the larger program and can best be approached as a part in the general panorama of wholesome living in its widest aspects."

2. Referring to the first paragraph concerning broad use of the term *human relations*: The fields of science which are obviously most concerned with the human relations that are most important for general educational programs are social biology (biology applied to human relations), sociology, cultural or social anthropology, psychology, human geography, political and economic science.

3. The idea that education concerning normal relations or behavior of the sexes should be an integral part of a program in human relations has been suggested, in essentials, by several workers in the social sciences. In particular, the present writer acknowledges that his thinking has been influenced most by the views of human relations advanced by Professor Malinowski, founder of the "functionalist school" of anthropology, according to which human behavior is based upon biological mechanisms, whose reactions may be modified profoundly by social or cultural environment. As I understood Malinowski through his writings, lectures, seminars and personal contacts between 1930 and 1940, he was interested in the sex education of the social hygiene movement in England and America because it was part of human relations in functional anthropology. We agreed that an approach through human relations in general would be the most logical and acceptable basis for sex education. We also agreed that study of the biology of human behavior should be the foundation for study of human relations, including sex; and that competent teachers of biology, sociology and anthropology should collaborate in trying to develop a course on human relations for youth of the later teens and

early twenties. It may be more than a dream that within the next dozen years the present rather narrow *family relations* courses may develop under the guidance of adequate books and broadly trained teachers into courses deserving the name *human relations*, and attractive to youth of both sexes.

4. It must be obvious to any reader of the foregoing outlines that *human relations education* belongs in general education, and concerns social hygiene in the broadest sense only as it deals with the relations of the sexes. But even this limited phase of human relations is not a monopoly of social hygiene; for other fields, such as anthropology, biology, psychology and sociology deal extensively with sex.

It also should be noted that human relations are more social education than health education (as that is organized in America). It, therefore, is quite undesirable that there should be any official merging of human relations under departments of health in governmental agencies and in educational institutions.

5. It is especially important that the developing movement for education in normal human relations should be dissociated from venereal disease control education. Such association came from the fact that organized sex education had its origin during the first decade of this century in the international movement for control of venereal diseases by applying all possible measures, one of which was sex education in its social aspects. As indicated in a preceding part of this paper, the connection between venereal diseases and normal human relations was broken when public health educators recognized that for most efficient teaching these diseases should be grouped with the others which are communicable. However, it appears that there is still great danger of confusion resulting from the fact that many leaders and agencies in public health and social hygiene are continuing to emphasize the social side of sex education as one essential measure for prevention of disease, by promoting standards of conduct. This should not be taken as meaning that venereal disease control continues to be the center, or even an integral part, of the studies of human relations which concern sex. Moreover, the fact that national and local agencies for public health and social hygiene continue to encourage social education that makes for approved sex conduct ("sex-social education" of yesteryear and "human relations education" of tomorrow) does not mean that these agencies are claiming for their own fields what is clearly a part of general and liberal education. On the contrary, it is indeed fortunate that such health agencies have a limited margin of funds which can be devoted to a phase of social health which affects their special problems.

6. Since human relations education has elements which attract the interest of many educational organizations and agencies, we need a national council or permanent conference for developing cooperation. We have such a national conference for cooperation in health education, but it does not include the social scientists who must have a large measure of responsibility in human relations education. Here is a proposition which seems to deserve careful examination in the early post-war years.

## NEW PROBLEMS IN THE CONTROL OF SYPHILIS AND GONORRHEA

CARL A. WILZBACH, M.D.

*Commissioner of Health, Cincinnati, Ohio*

There are many phases of the seeming breakdown during this war period in the controls and restraints of adolescent boys, girls, and older youth. These phases include social, economic, educational, religious, law enforcement, health, and others. All agencies concerned with these divisions of life should help solve these problems. Above all, parents must be called upon to assist in correcting what has been said to be a weakness in the modern family.

The Board of Health's chief concern is preventing the spread of disease and protecting the public health. During the War Emergency, Boards of Health have imposed upon them, by the Army, the Navy, the Selective Service, the United States Public Health Service, and the State Departments of Health, additional obligations for keeping down the rate of syphilis and gonorrhea in the civilian population and of preventing the spread of these diseases to the men of the armed forces.

### *New Problems*

Reports of men infected with syphilis or gonorrhea after passing through Cincinnati are reported to the Fifth Service Command and then through the Ohio State Health Department to the local health department. For Cincinnati the number of men reported to have been infected will vary from twenty to as many as sixty-five per month. Information is also furnished such as name, place of meeting and exposure, as well as whether or not the girl was a pick-up, friend or professional prostitute, and other data.

A study of these War Department reports shows that for Cincinnati about 80 per cent of the men were infected by "pick-up girls," or "friends," that exposure many times occurred in private homes, rooming houses, and automobiles, and that no fee was paid to the sexual partner. Less than 10 per cent of the infections were received from paid prostitutes. When these girls are examined at the request of the Army and Navy, many of them are young girls 15 to 17 and 18 years of age, and more than 60 per cent have syphilis, gonorrhea,

or both of these diseases. Some of the girls are older, but are not known prostitutes.

This situation is new, it requires different methods for dealing with it and many of the measures required go beyond the normal functions of the Health Department and are baffling to the law enforcement authorities.

Cincinnati is by no means unique in this respect. Similar conditions exist in most large communities in the United States. About the same conditions exist also in Great Britain, and Australia has a higher rate of infection by non-prostitutes than Cincinnati.

Another factor which has made Cincinnati's problem greater has been the large number of troops and men passing through the city. Informed railroad authorities say that Cincinnati is one of the large railroad centers, and a terminal point where changes are made on the same railroad and from one railroad to another. Frequently, large numbers of men arrive in the morning and leave at night, or they reach the city in the early evening and leave in the early morning hours. This arrangement allows, in some instances, five or six hours "lay-over."

### *The Task*

The task and methods of the Health Department for preventing the spread of syphilis and gonorrhea have been well understood for years, but were reemphasized by the Surgeon General of the United States Public Health Service when he started his campaign to stamp out syphilis in 1937. They are: "Find the infected men and women with syphilis and gonorrhea, get them under treatment promptly, and render them non-infectious as soon as possible. Learn of other contacts; find and treat them in a like manner." In time of War, because of the thousands of manpower days lost to the Armed Forces and to workers producing critical war materials, it is vital that every effort be made to keep these diseases to a minimum in the civilian population, as well as in the Armed Forces. Strict regulation and control of these diseases in the Army and Navy are in effect. That these joint efforts have been successful is shown by the fact that the Army reports only 25 cases per one thousand men. The Navy reports comparable figures. These are the lowest records for venereal disease in the history of the Armed Forces.

Neither can we ignore the effects of syphilis on mothers and the children of the future. Modern treatment has made it possible to get these diseases under proper treatment and control more speedily.

If discovered in time, it is possible for the expectant mother having syphilis to bear a perfectly normal child and herself be improved in health. With the untreated syphilitic pregnant woman, the results are shocking. On the average, in 100 untreated syphilitic expectant mothers the results will be 50 abortions, 25 still births, and 25 living defective babies; some blind, some deaf, some crippled and badly handicapped. Now with the advances in medicine and allied sciences and with proper treatment of the mothers with syphilis, there will result more than 95 normal healthy babies out of each 100 pregnancies. This indicates what can be done when we find persons with syphilis and are able to treat them properly.

#### *How the Task Is Done*

In protecting the service men from syphilis and gonorrhea, the Military Police have been most cooperative. Military authorities at Fort Thomas have assigned a detail of Military Police to duty at the Union Railroad Terminal and at the Bus station. Two prophylactic stations are operated on a twenty-four hour basis.

The Chief of Police and his Department have always assisted fully with law enforcement measures as well as with health measures. More recently a Crime Prevention Bureau has been established to deal with certain phases of this problem.

The Police Court Judges have also been most understanding and have helped wherever it has been possible to do so under the law.

The Public Welfare Department has recently developed a preventive program directed to girls and young women.

The Quarantine Hospital, with Dr. Jerry Lavender as the Head Physician, is an important cog in the machinery dealing with the control of these infectious diseases. More than 500 men and women with syphilis and gonorrhea are quarantined each year.

The Juvenile Court is the recognized agency for dealing with juvenile delinquency. The Judge of the Juvenile Court and his able assistants can always be depended upon to assist with juvenile boys and girls.

The voluntary social agencies of the Community Chest have likewise helped in this work. A conference was held in the Safety Director's office a few months ago, and representatives of all these agencies agreed to assist with the rehabilitation of the girls and women discharged from the Quarantine Hospital.

Col. C. C. Sherrill, former City Manager, has been keenly interested from the start of the program and was responsible for bringing many of these groups together. With his backing many matters dealing with various city departments concerned with this problem were expedited.

The City Council has also supported the efforts of the Board of Health whenever funds were requested for medical and nursing services associated with the treatment of the venereal diseases.

Cincinnati has been dealing successfully with the control of syphilis and gonorrhea for many years and is known elsewhere as a progressive city in this respect. In the control of syphilis in Industry, Cincinnati is rated as one of the leaders in this country. We have had for some 27 years an active Social Hygiene Society which, in cooperation with the American Social Hygiene Association, brought to the city the best methods used in the United States and in other parts of the world for controlling syphilis and gonorrhea. They have cooperated with the Health Department, the law enforcing officers, and have carried on an extensive, sensible, and effective sex education program in the schools and in the community at large.

Cincinnati has received Federal and State venereal disease funds. In addition, the city has furnished through its Health Department, its Out-Patient Dispensary, and its Quarantine Hospital, fairly adequate facilities for treating syphilis and gonorrhea. The city has also provided salaries for doctors, nurses, stenographers, and clerks operating the clinics. The public and voluntary agencies have established for children and adults, 37 weekly clinics for treating syphilis and 23 weekly clinics for treating gonorrhea. All chronic cases are tabulated and reported to the Health Department for check and follow-up investigations when necessary. An effective program of follow-up of contacts and suspects has been established using one head nurse as supervisor, 41 public health nurses, sanitary officers, and the city police.

### *Conclusions*

The problem in the past has been mainly the known prostitute who has been declared legally and medically to be a prolific source of syphilis and gonorrhea. But today we are dealing with young girls, many of them of adolescent age and some older ones whose activities are often unknown to their parents.

To meet these new hazards, Health Departments should ask for the help of parents, of church, of lay groups, and of interested individuals. There should be additional assistance from the City, State, and Federal Government Departments, as well as from volunteer social and welfare agencies in meeting this situation. Boards of Health must give full and complete cooperation to the law enforcement agencies whose job it is to deal with the legal phases of this problem.

Finally, in order to prevent the spread of syphilis and gonorrhea, the infected individual must be found promptly, treated, and rendered non-infectious.

## EDITORIAL

### HEALTH EDUCATION AND HEALTH EDUCATORS

This number of the JOURNAL contains unusually interesting articles and constructive suggestions about health information and promotion activities. A recent report \* of the American Public Health Association speaks of health education rapidly becoming recognized as one of the important fields of service in the modern public health program. "The health educator assists in helping people to become intelligently aware of individual and community health problems and to share the responsibility for their solution. He interprets health needs, desirable health behavior, and the services of professional health agencies. Successful health education can rarely be accomplished by the use of publicity techniques alone. It almost always includes the development of satisfactory learning, experiences within organized groups, and the training of other public health personnel to aid them in improving the educational opportunities presented by their contacts with individuals."

The report also significantly points out that the health educator in the health department works under the administrative leadership and direction of the health officer, while the health educator working in the school system as a teacher, supervisor, or consultant, is a member of the staff of the school and will, of course, meet whatever professional educational standards are set by the school for the type of work involved. It is recognized that health educators may be employed jointly by health departments and school systems; and that they are also employed by voluntary agencies. But the educational qualifications of a health educator, whether employed by a governmental or by a voluntary agency, should meet generally accepted standards. The Committee on Professional Education has rendered a great service in studying this problem of health education and personnel needs.

\* *The Educational Qualifications of Health Educators*, approved by the governing council of the American Public Health Association, October 23, 1943.

Teamwork of health departments and schools and voluntary agencies is of great importance to the social hygiene program. The home and church organizations, as well as those concerned specifically with health and welfare need to be included. The capable leadership of religious groups and the influence of home and family life are guiding forces of inestimable value. Particularly are such forces important in promoting and safeguarding constructive sex education and counselling on social problems arising out of relations of the two sexes in schools and community activities.

An essential task in which all these agencies must take part, is to educate and help the individual so to direct his conduct that his sex endowment, like the other parts of his mental and physical equipment, may contribute most richly to self-development and successful living, and at the same time conserve the welfare of society.

An equally important task is the moulding of public opinion to support such modification and adjustment of community approval and regulation of sex conduct that the average individual may have opportunity to achieve in his lifetime normal adolescence, satisfactory marriage, wholesome family life, and wise parenthood. Changing social, economic and other conditions of present-day living are limiting or endangering these opportunities for millions of our youth and children.

The preservation of the family and enrichment of family life for all its members are of major concern to the American people not only in the field of social health, but equally in relation to individual and public health. We are in the midst of war, and necessarily measures against the venereal diseases claim priority of attention from health officers and health educators, in promoting social hygiene activities in 1944; but plans can be laid now for expanding our work on these other tasks when peace is restored. There is no conflict of interest or program in this. In fact even the campaign against the venereal diseases cannot fully succeed without achievement of success in the moral, social and educational programs, which are so closely related to health conservation activities in the social hygiene field.

## NATIONAL EVENTS

REBA RAYBURN

*Washington Liaison Office, American Social Hygiene Association*

**National Voluntary Agency Executives Discuss Social Hygiene Problems.**—Thirty executives of national voluntary agencies met at a luncheon in Chicago on December 15 at the Palmer House as guests of the American Social Hygiene Association, to discuss the participation of their groups in social hygiene programs and activities. The organizations represented include some of the largest civic, professional and social work groups having their headquarters in or near Chicago. Dr. Bertha Shafer, Executive Director of the Louis E. Schmidt Foundation, presided at the meeting; and speeches were given by Dr. Walter Clarke, ASHA Executive Director; Mrs. Horace B. Ritchie, Chairman, Public Welfare Committee, General Federation of Women's Clubs; and Dr. Harriet S. Cory, Executive Secretary of the Missouri Social Hygiene Association. Brief talks were also given by Mrs. W. A. Hastings, President of the National Congress of Parents and Teachers; Douglas Timmerman, Executive Vice President, U. S. Junior Chamber of Commerce; and Eleanor Shenehon, Director, ASHA Division of Community Service.

A statement distributed at the luncheon, *Social Hygiene: A Cooperative Program*, described the various ways in which national voluntary agencies concerned with health, welfare, education, protection of children and the conservation of family have participated in social hygiene activities by setting up social hygiene committees, including social hygiene and health and welfare programs; by adopting resolutions in support of some part of the social hygiene program, by distribution of literature, publication of articles in the field of social hygiene; and in other ways. Among executives in attendance were:

Mabel F. Meek, Secretary-Treasurer, and Lucille Hecht, Editor, Altrusa Clubs, Inc.; Leona Massoth, Executive Secretary, and Dora Goldstein, American Association of Schools of Social Work; Dr. Howard Miller, American Dental Association; R. B. Corbett, Secretary, American Farm Bureau Federation; Byron C. Hopkins, Editor of American Library Association Bulletin, American Library Association; Thomas G. Hull, Bureau of Health Education, American Medical Association; Mrs. S. M. (Evelyn Millis) Duvall, Director, Association for Family Living; Mrs. Charles W. Sewell, Administrative Director, Associated Women of the American Farm Bureau Federation; Mrs. Frances H. Higgins, Chairman, and Josephine Dayo, Chairman-elect, Committee on Unmarried Parenthood; Mrs. Horace B. Ritchie, Chairman, Public Welfare Committee, General Federation of Women's Clubs; Walter Ingram, Manager, Service Department, Kiwanis International; Guy A. Edgar, Assistant Secretary, Lions International; Mr. Troegger, National Committee on Boys and Girls Club Work; Mrs. W. A. Hastings, President, and Ruth Bottomly, Director of Office, National Congress of Parents and Teachers; Mrs. Helen E. Tyler, Managing Editor of *The Union Signal*, and Regina Moede, National Woman's Christian Temperance Union; Douglas H. Timmerman, Executive Vice President, and Harold Herman, Secretary, United States Junior Chamber of Commerce; George Gould, ASHA Legal Consultant; Charles E. Miner and Wade T. Searles, ASHA Field Representatives.

**Social Hygiene Day Contest for Negro Colleges.**—One hundred and ten Negro colleges all over the country have received announcements of a contest for the best Social Hygiene Day project by any group or groups of students. First, second, third and fourth prizes will be awarded by the American Social Hygiene Association, which is sponsoring the contest in cooperation with the National Student Health Association. Dr. Paul B. Cornely, Executive Director of the National Student Health Association, to whom all entries are to be sent, at Howard University, Washington, D. C., announces the following rules and regulations:

1. The National Social Hygiene Day Contest is opened to all Negro colleges. This is a contest for the college student body as a whole rather than for individual students; and therefore classes, clubs, organizations, etc., may participate in this activity.

2. The contest is for the purpose of stimulating a more widespread and effective observance of National Social Hygiene Day in all Negro colleges, so that students attending these institutions and those participating in the various programs will become better informed about the whole field of social hygiene.

3. The contest is designed to select the best project in the form of plays, programs, lecture series, radio skits, information polls, and any other educational activities developed and presented by any group, or groups of students, in any Negro college or university.

4. Groups, classes or organizations planning to enter their projects in the contest should observe the following rules:

(a) Whatever activity is developed by any student group should be formulated with the idea of its being presented to the student body as a whole on National Social Hygiene Day, February 2, 1944, or during that week.

(b) A complete report of the project, typewritten in duplicate, must be submitted by March 1, 1944, to Dr. Paul B. Cornely, Executive Director of the National Student Health Association, Howard University, Washington 1, D. C. Such a report should be detailed, including the names of participants, number of students reached, and pictures taken, any comments from the press, and any other indication of the success of the project.

(c) The report should include a letter of transmittal signed by the president of the institution and the person in charge of the activities.

5. All the reports of the projects will be judged by a committee of five, three selected from the membership of the National Student Health Association and two from the staff of the American Social Hygiene Association.

6. Awards: The prizes donated by the American Social Hygiene Association, sponsors of National Social Hygiene Day, will be as follows:

First Prize —	books to the value of	\$40.00
Second Prize —	" " "	30.00
Third Prize —	" " "	20.00
Fourth Prize —	" " "	10.00

These prizes will be awarded to the libraries of the winning colleges in the form of books on subjects included under the general title of social hygiene and selected from a list which the American Social Hygiene Association will provide to the president of the winning colleges. Every college entering this competition will receive a year's subscription to the *Journal of Social Hygiene*.

7. Announcements of the winners of the contest will be made on April 1, 1944.

**General Magee Joins Staff of National Research Council.**—Major General James Carre Magee (MC), Surgeon General of the Army (retired), has been appointed executive officer of the Informational Service, Division of Medical Sciences of the National Research Council, according to an announcement by Professor Ross G. Harrison, Chairman of the Council. "This service has been established by the National Research Council under the recent grant of the Johnson and Johnson Research Foundation, by which the sum of \$75,000 was made available to the council for the period ending June 30, 1945," says the announcement. "The purpose of the grant was to enable the council to assemble and disseminate, as far as possible medical information pertaining to the war effort. . . ."

General Magee, who is a member of the ASHA Board of Directors, retired last May as Surgeon General of the Army. He recently received the Distinguished Service Medal for his accomplishments in that office. In his new position, he is devoting full time to the organization of a central office in the National Research Council for collecting medical reports and records dealing with military medical progress, civilian progress as affected by the war, medical education and research, and the distribution of diseases.

**Rehabilitation to Be Discussed at National Conference of Social Work.**—Ray H. Everett, Chairman of the Section on Social Hygiene of the National Conference of Social Work, announces that the section will meet from 11:00 A.M. to 12:30 P.M., Monday and Tuesday, May 22 and 23, during the Annual Conference in Cleveland. The two sessions will be devoted to the subject of rehabilitation and the list of speakers includes: Miss Katharine Lenroot, Chief of the U. S. Children's Bureau; Eliot Ness of the Social Protection Division; Bascom Johnson of ASHA staff, and probably a prominent police-woman. Other details, including place of meeting, will be announced later.

Plans are also under way for an evening meeting, open to the public under ASHA sponsorship. Watch the *News* and *JOURNAL* for further announcements.

## NEWS FROM OTHER COUNTRIES

**Canada Holds VD Conference.**—The Minister of Pensions and National Health of the Dominion of Canada, called a National Venereal Disease Control Conference in Ottawa, December 6-9, which was attended by 105 delegates and visitors, including some from the United States and other countries. Delegates represented the various divisions of the Department of Pensions and National Health, the Navy, the Army, the R.C.A.F., the Department of Indian Affairs, the Department of Trade and Commerce, the Provincial Departments of Health, Department of Health representatives from nine leading cities and the Departments of Preventive Medicine from eight universities. The Canadian Hospital Council, the Canadian Medical Association, the Health League of Canada and other bodies were well represented. The United Kingdom was also represented by members of the Royal Navy, the R.A.M.C., the R.A.F., the British Ministry of Health and the Medical Research Council. The United States was represented by Col. Thomas B. Turner U. S. Army; Commander W. H. Schwartz, U. S. Navy; Dr. John R. Heller of the U. S. Public Health Service; Dr. Walter Clarke of the ASHA; Dr. Earl Moore of the National Research Council. Australia was also represented.

The four days of sessions provided opportunity to discuss recent advances in diagnosis and treatment; the use of educational media; records and statistics; administration; epidemiology; and other subjects. The Conference was divided for part of its work into sectional committees of:

1. Armed Forces Medical Services delegates.
2. Civilian Federal, Provincial and Municipal delegates.
3. University Departments of Preventive Medicine delegates.

The following partial account is an abstract from an article appearing in *The Canadian Hospital*, for January, 1944: \*

The seriousness of the venereal disease situation in Canada has recently aroused the general interest of the public and their governing agencies. The need was recognized by all for the earliest implementation of action to reduce the threat of venereal infection to Canada's war effort and to Canada's home life. On July 1, 1943, a comprehensive control programme was launched. This effort, initiated by the Army, integrated the control measures of the Navy, Air Force, Department of Pensions and National Health, and Provincial Health Departments.

Appreciative of the importance of coordinating and unifying the control measures of all interested agencies in Canada, the Minister of Pensions and National Health called a National Venereal Disease Control Conference in Ottawa, December 6-9.

\* *Canada's First National Venereal Disease Control Conference*, by Lt. Col. D. H. Williams, M. D. *The Canadian Hospital*, January, 1944.

The purpose of the conference was to consider how best the existing administrative facilities for the prevention of venereal disease could be utilized in Canada; and what need existed for modification and extension of these facilities. As a result of the deliberations of the conference, guided by the wisdom and experience of visitors from the United Kingdom and the United States, the basis of a National Venereal Disease Control Programme was laid down. Principles and policy which would guide this programme were approved. Definite specific types of preventive action and the spheres within which this action was to be taken, were determined.

#### *A Four-Sector Front*

A charter to guide the Canadian venereal disease control effort on a comprehensive basis was approved. This charter interpreted Canada's response to the threat of venereal infection as envisaging a four-sector Canadian Front against venereal disease. These are the *Health, Welfare, Legal and Moral Sectors*—components of an indivisible whole aligned against a common foe. The ultimate objective is to destroy syphilis and gonorrhea. The purpose of each sector is to take the offensive with the weapons peculiar to its own method of attack. Waging unrelenting war on the Health Sector with weapons of modern medical science and public health procedure, will be physicians, nurses and Health Departments. Leading the attack on the Welfare Sector will be found social workers and welfare agencies armed to battle squalor, overcrowding, lack of food, neglect and insecurity. Directing a vigorous action on the Legal Sector will be the courts, the legal profession and police agencies whose action seeks out and brings to justice those who for personal gain purvey to men's weaknesses. On the Moral Sector the battle is to be led by the churches and homes of Canada, strengthening the moral fibre of our nation and upholding the security of marriage and family life. Each sector has its own territories, its own personnel and armaments. The ultimate objective is the same.

#### *Health Sector*

A six-point strategy on the Health Sector was adopted by the National Conference:

##### **1. Health Education**

The facts concerning VD will end the conspiracy of silence, banish outworn fallacies, and remove false fears. Lectures, motion pictures, posters and pamphlets will tell the story of how VD may be vanquished.

##### **2. Medical Care**

Every Canadian who requires examination and treatment should have the best that medical science can provide. Free blood tests, free drugs and free clinics are being provided by Health Departments. It is cheaper to cure and prevent VD than to pay taxes for the end results of neglected infection.

##### **3. Abolition of Quackery**

Laws exist in Canada to protect citizens from the quack and charlatan. Only qualified physicians are permitted by law to care for those suffering from VD. The public must be protected from the incompetent and the rogue.

##### **4. Prenatal Blood Tests**

Every expectant mother must have a blood test for syphilis before the Fifth Month. Demand it! Insist upon it! It is the only protection many unborn children have.

##### **5. Premarital Blood Tests**

Health examinations, including blood tests, are a safeguard against the sinister encroachment of syphilis on home and family life.

**6. Contact Investigations**

Careful search must be made for all who have been contacts to known VD. Only by seeking these people and by bringing them under medical supervision can the extending network of VD be destroyed.

Today, as never before, events and conditions are favorable for the final eradication of the venereal diseases in Canada. The urgency of removing this threat to the health and efficiency of the Armed Forces is recognized by all. There is a full tide of wholesome public interest, concern and support for measures directed against these master saboteurs of war effort. Never before has there been such an imposing show of force representing all the available human resources arrayed against the serious threat of syphilis and gonorrhea.

If every citizen in Canada takes his battle station on the Health, Welfare, Legal and Moral sector of Canada's four-sector front against venereal disease, the favorable outcome of the battle is assured and the purpose for which the National Venereal Disease Control Conference was called will have been fulfilled.

**COMING EVENTS**

**April 2-9 National Negro Health Week**

**April 24-27 American Association for Health, Physical Education and Recreation Conference.** Theme: *Fitness for Today and Tomorrow!* New York, N. Y.

**May 1 Child Health Day**

**May 7-14 National Family Week**

**May 21-27 National Conference of Social Work,** Cleveland, Ohio. (See page 97.)

# Journal of Social Hygiene

Thirty-First Annual Meeting Number

## CONTENTS

Award for Distinguished Service to Humanity.....	Merritte W. Ireland.....	101
Nations United for Health and Welfare in Peace and War..	Hugh S. Cumming.....	103
Teamwork in Venereal Disease Prevention.....	Walter Clarke.....	107
The Thirty-first Annual Meeting (Business Session).....		134
The Annual Dinner Meeting.....		144
New Honorary Life Members .....		149
Social Hygiene Day—1944.....	Eleanor Shenehon.....	155
Editorial: “ Looking Backward ”—and Forward.....		162



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# WILLIAM FREEMAN SNOW AWARD

FOR DISTINGUISHED SERVICE TO HUMANITY



*Presented to*

HUGH SMITH CUMMING, M.D., Sc.D., L.L.D.

1944

To: HUGH S. CUMMING . . .

. . . Public health administrator, statesman, scientist, international counselor, friend . . .

. . . We salute you

. . . Better than words of our own choosing, the testimonial on the opposite page signed by the twenty-one nations of the Pan American Union, expresses the esteem and affection in which you are held by your hosts of friends in all parts of the world, among whom are numbered the members of this Association.

. . . Now that the tides of global war have engulfed or are threatening all nations, it becomes imperative to safeguard health and welfare as never before. International experience, teamwork, and skill in adapting to these ends all the tactics of modern warfare—defense, delaying action, counter attack, decisive battle—are vital needs.

. . . In the Americas we still have the opportunity to hold all the gains of past years and to forge steadily ahead through united action of all peoples and their governments. . . . Under these conditions we are most fortunate in having you as Director of the Pan American Sanitary Bureau—the oldest active international organization “for the control of epidemic diseases”—cooperating with the newest agencies, the Office of Coordinator of Inter-American Affairs, and related bodies in other countries linked together for the common good.

. . . In its special field, the American Social Hygiene Association has long been privileged to work with both voluntary agencies and officials of all the nations of the Western Hemisphere; and tonight, with their commendation, the 1944 William Freeman Snow Award for Distinguished Service to Humanity is presented by the Association to you, Dr. Cumming, in recognition of this fiftieth year of your worldwide public health activities, and the years of continued leadership and service which lie ahead for you and Mrs. Cumming.





to  
Dr. Hugh S. Cumming  
on the Twentieth Anniversary of his Election  
as Director of the Pan American Sanitary Bureau

Five decades have elapsed since you assumed on December 20, 1920, the direction and guidance of the international health agency of the American Republics. Mainly through a rare combination of sterling qualities in you, an organization which barely existed on paper when you first accepted its leadership has now become a powerful force for good and cooperation, whose influence and accomplishments are generally acclaimed by the nations of the Western Hemisphere and even beyond its boundaries.

It is in recognition of a career of unselfish devotion to a great ideal that your associates and fellow-workers who best knew your gifts of wisdom, foresight, tact, and common sense, as well as your unflailing kindness, courtesy, and modesty, present you with this small token of their affectionate regard and admiration for one who has promoted friendship and goodwill in the Americas, helped the cause of health and happiness, and lived and served mankind with the love that was in him.

## BIOGRAPHICAL NOTES

HUGH SMITH CUMMING—Born August 17, 1869, Hampton, Virginia.

Graduate of University of Virginia, Doctor of Medicine, 1893.

S.C.D., University of Pennsylvania, 1930.

LL.D., Yale University, 1933.

Appointed to U. S. Public Health Service, 1894.

Surgeon General, U. S. Public Health Service, 1920-1936.

In charge, Medical Division, Ellis Island and Philadelphia, 1898.

Chief Quarantine Officer, South Atlantic and San Francisco, 1900-1906.

Medical Officer attached to U. S. Consulate, Yokahama, Japan, 1906-1910.

Chief Quarantine Officer, Hampton Roads, 1910-1913.

In charge investigation of pollution of tidal waters and streams, 1913-1917.

Adviser in Sanitation to U. S. Navy during World War I.

Inspector of sanitary conditions of ports used by American Expeditionary Forces.

Postwar Inspection of European emigration areas and embarkation ports to United States.

Head of Inter-Allied Medical Mission to Poland following the first World War.

Member of the Cannes Conferences, and of the Advisory Committee of the League of Red Cross Societies, 1919.

Delegate of United States on Permanent Committee, Office International d'Hygiene Publique, Paris, 1920 to present time.

Member of Health Committee, League of Nations, since its creation, and Vice-President since 1937.

Member of Board of Visitors, Saint Elizabeth's, Garfield Memorial, and Columbia Hospitals.

President National Board of Medical Examiners, 1934-36.

American Delegate to Immigration Conference, Rome.

Honorary Chairman, Section on Public Health and Medicine, Eighth American Scientific Congress.

Chairman, Public Health Service and Administration, White House Conference on Child Health and Protection.

Director, Pan American Sanitary Bureau, 1920 to present time.

President, Association of Military Surgeons, 1924; Southern Medical Association, 1930; American Public Health Association, 1931.

Honorary Fellow—American College of Surgeons; College of Physicians; College of Dentists; Royal Society of Medicine (London); National Academy of Medicine (Peru); National Academy of Medicine (Mexico).

Honorary Professor—University of Santo Domingo; Member Medical Society of Dominican Republic; Honorary Director, National Public Health Service of Paraguay; Member Sigma XI and other honor societies.

Decorated by governments of France, Poland, Chile, Colombia, Cuba, Dominican Republic, Ecuador, Haiti, Mexico, Peru.

Hartley Gold Medal of National Academy of Sciences for "Application of Scientific Knowledge to Public Service", 1936.

Gorgas Medal and Prize of Association of Military Surgeons, "For distinguished service in the field of National and International Public Health", 1943.

Dr. Cumming is the son of Samuel and Diana Whiting (Smith) Cumming.

Married Lucy Booth, daughter of Edwin Gilliam Booth, October 28, 1896, at Carter's Grove, Virginia.

Dr. and Mrs. Cumming have had three children: Lucy Booth (deceased); Hugh Smith; and Clara Diana (Mrs. Manville Kendrick).

Home: 2219 California Street, Washington, D. C.

# Journal of Social Hygiene

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MARCH, 1944

NO. 3

## Thirty-First Annual Meeting Number

### AWARD FOR DISTINGUISHED SERVICE TO HUMANITY

MAJOR GENERAL MERRITTE W. IRELAND

*Surgeon General, (Retired) United States Army*

We are met this evening to honor Dr. Hugh S. Cumming and to congratulate him upon this fiftieth consecutive year of his leadership and service in the fields of public health and medicine.

The Award Committee of the American Social Hygiene Association has prepared a brochure for your interest on this occasion of awarding its Medal to Dr. Cumming. In it you will find biographical statistics about his fruitful and varied career; but little about the man himself. It does not tell you, for example, about his life as a boy during the Reconstruction days of the South, in a town which had been burned in the Civil War period.

It does not say that this boy had opportunity for only one year in what we know as a grammar school—the Symmes Eaton Academy (which was the oldest public school in America); and one high school year in the Baltimore City College.

It does not give you a picture of this young man as a soldier in the Spanish American War, fighting the battles against yellow fever, smallpox and plague. Perhaps through no other early experiences could this man have gained the broad concepts of Education and Medicine which have shaped his brilliant career.

To understand his success you ought to know, too, that his forbears came from Wigtonshire, Scotland; and that promptly after graduating in Medicine he had the good fortune to marry Lucy Booth. She organized their household on a mobile basis so that they could live and work and bring up their children together, wherever in the United States or other parts of the world, Dr. Cumming's duties might take them.

Consider too the period of momentous change since his birth in 1869, when the new discoveries of Pasteur were just beginning their influence on the Science and Art of Medicine. All through his life he has been on the frontiers, busy with searching investigations covering a wide field of inquiry. His contributions to the Social Hygiene movement were summarized by this Association when electing Dr. Cumming to Honorary Life Membership \*; his contributions to Science and Sociology have been recorded by other organizations which have sought to do him honor. You have copies of the Award Committee's citation before you as I speak.

I consider it a great privilege tonight to present this medal to my friend—Hugh S. Cumming.



MAJOR GENERAL IRELAND (left) PRESENTING THE MEDAL TO SURGEON GENERAL CUMMING

\*See pages 134-5 March, 1941 (Vol. 27, No. 3), *Journal of Social Hygiene*.

NATIONS UNITED FOR HEALTH AND WELFARE IN  
PEACE AND WAR\*

by

HUGH S. CUMMING, M.D.

*Director, Pan American Sanitary Bureau  
Surgeon General (Retired) U. S. Public Health Service*

*Mr. Chairman, Ladies and Gentlemen:*

It is needless for me to say that I highly appreciate this honor which you have seen fit to confer upon me. Unless one is hopelessly egocentric, he must feel a thrill at the receipt of any honor conferred upon him by such a representative body as this. Decorations awarded by foreign governments are naturally highly appreciated; but when, toward the end of a long life, as one approaches very nearly the sunset and evening star, special significance and appreciation surround the honors received in one's own country and by one's own kin with whom he has been closely associated for nearly half a century.

I know of no three friends and associates in public health work with whom I would rather sit at this table, than the former Secretary of the Interior who is former President of the University, former President of the American Medical Association, and above all a great Doctor, Ray Lyman Wilbur, to whom I have so often gone for advice and assistance in the past. I particularly recall my association with and work under him in connection with the great "White House Conference on Child Health and Protection" while he was Secretary of the Interior under President Hoover, who was so deeply interested in and initiated many of our present social reforms.

And General Ireland here, whom I first remember seeing as a tall, handsome young officer standing in the opening of a tent at Montauk Point, in 1898, who is not only one of the ablest public officials, but one of the truest friends a man ever had. The older ones amongst us remember how much his intelligent and deep interest in the campaign against venereal disease, both in the Armed forces and the general population, has had to do with our successful progress along this line.

It is peculiarly gratifying to receive this medal carrying the

\*Remarks at the Annual Dinner of the American Social Hygiene Association, New York Academy of Medicine, February 1, 1944, on receiving the William Freeman Snow Award for Distinguished Service to Humanity.

name of a gentleman with whom I have been associated for many years, and whose high personal character, energy combined with tact, and devotion to the cause, has probably done more to forward the great crusade against venereal diseases than any other one person whom I know.

I am not unmindful of the fact that you have awarded me this honor, not because of any great accomplishment of mine in this crusade, but because possibly through fortuitous circumstance or the "Divinity that doth shape our ends" I have been given the opportunity of at least becoming familiar with not only the research and administrative side of the crusade in local, State and national fields in this country, but more or less in international health matters. Seeing Colonel Snow sitting here, my memory travels back to several incidents over a quarter of a century ago immediately following the first world war as perhaps having some lessons for us in the problems which we are now facing or approaching.

I have a photograph showing Doctor Welch, Fred Russell, Colonel Snow and myself sitting on the steps of the old Roman theater at Arles, France, upon our return trip from the now famous Conference called by the Committee of Red Cross Societies and held at Cannes in April 1919 for the purpose of planning the future for our international war against disease, particularly venereal diseases, child welfare, tuberculosis, and malaria. There were intellectual giants present at that Conference, among whom I recall our own Doctor Welch, Biggs, Wickliffe Rose, and Richard Strong; while from Europe there were such men as Roux, Marchiafava, Sir Arthur Newsholme, Maragliano, Calmette, Kabeshima, and others equally able and devoted, most of whom have gone through the Open Door into the Great Beyond.

In the quarter of a century which has elapsed since this meeting in France, there has been remarkable progress in our increased knowledge of the methods and therapeutic agents for the treatment of venereal diseases. I feel sure that there has been a remarkable change for the better in the attitude of public opinion with reference to the importance of these diseases. As a consequence we have now in hand tools which were not available at the time of that Conference. It would be presumptuous, however, for us to think it would be possible to get more intelligence and wisdom than were present at that Conference.

Probably because of my being an "elder" if not an "elder statesman," I am not infrequently asked my ideas on our future health organization, both national and international. There is, I think,

too much of an iconoclastic psychology prevailing in many quarters, which apparently forgets the good which has been accomplished, exaggerates the failures, and assumes superior wisdom as to future planning. Personally, I feel that whenever possible, as in other organized procedures, we should be reluctant to violate the admonition of the Holy Scripture, "Destroy not the landmarks of Thy Fathers!".

It would be well, therefore, for us in approaching the problem of local, national, and international planning to study rather carefully the accomplishments as well as mistakes which have been made in the past, and take advantage of the experience which has resulted in the campaigns following this meeting which I mentioned at Cannes, i.e. the organization of the League of Nations, the work of the International Health Office in Paris, such Hemispheric organizations as the Pan American Sanitary Bureau, which is senior in age to all the official international health organizations, as well as the splendid work which has been done by such great voluntary organizations as the American Social Hygiene Association and other similar organizations both here and abroad.

In planning for our future campaigns, it would be well to bear in mind that all these organizations are still in existence and are doing very effective work even during war time and under adverse circumstances, such, for instance, as the International Health Office in Paris, which exists under a Treaty signed by nearly every Government throughout the world; the Health Section of the League of Nations with its regional offices; not to speak of the Pan American Sanitary Bureau, whose activities have been rather enhanced by conditions accompanying the war. It may be worthwhile to recall in this connection the international work being conducted under its auspices such as the sanitary survey of the Inter-American Highway, the campaign against onchocerciasis, and more perhaps to the point on this occasion, the joint work being carried on along the Mexican border in cooperation with this Government and the Mexican Government in the control of venereal disease, which it is hoped eventually to extend to other countries.

It is generally agreed, I think, among those of us who have had both here and abroad an opportunity to study the situation that one of the most important factors in successful international health procedure is the organization or continuance of the idea of regional and local, in addition to international, organizations. This is particularly true, I think, in the problem which immediately concerns us, a problem which in many respects is unique and differs from any other phase of our public health.

In perhaps no other group of diseases has greater progress been made in discovering new therapeutic remedies, and certainly much progress has been made, thanks largely to the efforts of this organization, in the question of the control and prevention of disease. The Latin American countries have kept up with this procession both in regard to organization and control, as well as research. There remains, however, the biological factor, which we would not if we could suppress, but which must be directed into proper channels. While there are certain fundamental unchangeable factors in the campaign against and the lessening of the opportunity for infection, there are nevertheless factors which differ in different localities, nations, races, social and economic conditions, and these must be considered in any regional or even national campaign.

I have heard that there are those who, I think short-sightedly, believe that we may relax our vigilance because of the improvement in the therapeutic side. With this I disagree. Eternal vigilance is no less the price of success in public health than in liberty. Our past and present progress should serve only as a stimulus for increased activities. In this campaign it seems to me wise that we should take advantage of the experiences and the failures of other countries as well as our own through cooperative effort. I am sure that the devotion, energy, and ability comprised within this organization will see that the campaign is carried on to the successful lessening so far as is humanly possible of the prevalence of these great scourges. While campaigns for education, both moral and scientific, should not be lessened, the most immediate and practical measure is that of providing adequate, easily obtainable centers of treatment.

We need organized education and research, good will and energy, and faith to succeed. It takes more than one wheel to keep going along smoothly and efficiently. Of course leadership must be at the steering wheel. I see it magnificently represented all around and in front of me.

I cannot resist mentioning what must be evident to all of us, the ever increasing tendency to centralization and governmental control not only in political fields but in such activities as those with which we are directly concerned here. It is my studied opinion that the importance of the continuance and independence of such voluntary organizations as this should not be minimized. Their field should not and indeed could not be covered by governmental activities. This is particularly true in the educational field. I believe that it would be well for the different national organizations, particularly in this Hemisphere, to attempt some coordination and interchange of efforts.

## TEAMWORK IN VENEREAL DISEASE PREVENTION

### A REPORT OF 1943 ACTIVITIES TO THE FRIENDS OF THE AMERICAN SOCIAL HYGIENE ASSOCIATION

*Let us set for ourselves a standard so high that it  
will be a glory to live up to it.*  
—Woodrow Wilson (1917)

*I call for united effort of all citizens for the establishment  
of total physical and moral fitness.*  
—Franklin D. Roosevelt (1942)

#### BACKGROUND

The American Social Hygiene Association was founded in 1913 by a group of distinguished national leaders including President Charles W. Eliot who became the Association's first President. The Association adopted a program for combating the venereal diseases, for repression of prostitution and for the encouragement of sex education. During the first World War the Association worked in close relation with the Army and the Navy, to maintain the lowest possible venereal disease rate and to protect the armed forces from prostitution and related conditions. Many Association staff members served as officers of the Army or Navy in charge of various social hygiene activities and the Association supplied to a large extent the educational materials used by both services to inform soldiers and sailors regarding syphilis and gonorrhea.

In the postwar period the Association successfully advocated the establishment by Congress of the Interdepartmental Social Hygiene Board, the creation of the Division of Venereal Diseases in the United States Public Health Service and in connection with these, the first appropriation of funds by the Federal Government for allocation to the states for combating venereal diseases. When Congress failed in 1922 to continue the appropriation for this purpose the Association began the long process of building public opinion to the point where in 1938 new and more adequate annual appropriations were begun, permitting the renewal of a large scale attack on the venereal diseases.

In the meantime the Association had aided many states and cities to set up modern venereal disease control activities; conducted many basic surveys, studies and experiments upon which are based present day procedures; advised regarding laws and law enforcement; suggested venereal disease control activities in great industries; encouraged basic medical research; developed popular, scientific and educational motion pictures and publications; and encouraged sex education, properly integrated, in colleges and high schools.

With mobilization in 1939 the Association again made its personnel and facilities available to the Federal Government; aided in establishment of national policies for venereal disease control and repression of prostitution; advised regarding the framing and passage of the May

Act and the establishment of the Social Protection Division of the Federal Security Agency; assisted in the finding and training of Venereal Disease Control Officers for the Army and Navy; studied and reported upon prostitution and related conditions in the vicinity of every important Army and Navy establishment; provided educational materials to the armed forces; and rallied public opinion to support the national program for protection of soldiers, sailors and industrial workers from prostitution and the venereal diseases. All these correlated and cooperative activities have been continued and increased from year to year since then.

The venereal disease rate of the armed forces during the first World War was the lowest in our military history up to that time. It is much lower in the present war. Team work between governmental and voluntary agencies achieved these results. The Association is proud to be included in this team.

In the present war emergency the American Social Hygiene Association is a participating service of the National War Fund. The Association's budget for 1943 totaled three hundred fifty thousand dollars (\$350,000.).

#### GENERAL STATEMENT

Despite the fact that much progress has been made in their control, syphilis and gonorrhea remain this country's most serious wartime health problem. They constitute a leading cause of lost man days among the armed forces and war industrial workers.

These infections are not acquired in camp, on shipboard or at the shop bench, but in the communities where men spend their off-duty hours. For this reason, and especially because sick men can't work or fight, the Army, the Navy and industry continued throughout 1943 to seek the active cooperation of the American Social Hygiene Association, and its state and local affiliated societies. A nationwide, war-stimulated program has been carried out. It has helped to increase the efficiency of the armed forces and war industry workers and to protect the welfare of the public, especially the youth of our nation.

#### Teamwork Developed:

Over a period of thirty-one years the American Social Hygiene Association has served as a close working partner of the official government agencies. An Eight-Point Agreement, drawn up in 1940, recognized the services to be developed by state and local health and police authorities in cooperation with the Army, the Navy, the Public Health Service, the Social Protection Division of the Federal Security Agency, and the American Social Hygiene Association. A later official statement entitled *Relationships in Venereal Disease Control; Army, Navy, U.S.P.H.S., Office of Defense Health and Welfare Services and the American Social Hygiene Association\**, outlines

\* JOURNAL OF SOCIAL HYGIENE, February, 1943, p. 100. Also separate reprint, Pub. No. A-499.

specifically the functions of these official agencies and the Association, and recognizes the latter's unique partnership with government services.

In accordance with this working agreement the Association has, during the past year, continued to:

1. Gather information relative to commercialized prostitution in communities adjacent to military or naval establishments and those frequently visited by soldiers or sailors.
2. Gather and evaluate information relative to the laws for the prevention of venereal disease, and for the repression of vice conditions.
3. Through state and local social hygiene societies and influential citizens' groups, create public sentiment against prostitution and related conditions and bring about a public demand for enforcement of existing laws and for the enactment of additional legislation should it be necessary.
4. Through societies mentioned above, create public demand for the financing and promotion of efficient venereal disease, social protection, and educational programs in states and localities in which present programs are inadequate.

The Association gave first attention during 1943 to those communities where studies showed the greatest need existed. Serving as a distribution center for social hygiene information and experience, the Association made known to communities throughout the country the essential facts about the venereal diseases, the harm they do and how they can be prevented, treated and cured. This activity aided the venereal disease control programs of local and state public health officials. Reports indicate that wherever civilian communities have succeeded in informing the public, repressing prostitution, maintaining efficient health services, and providing adequate wholesome recreation for young people, the infection rates for syphilis and gonorrhea have been reduced.

#### *Interesting Statistics:*

The 1943 combined venereal disease rates of the Army and Navy were under 30 per 1,000 per annum or less than half the average rate for the first World War. Noneffective days have also been greatly reduced due to greatly improved methods of treatment. However, in reports on the health of the Army and Navy, gonorrhea was still at the top and syphilis near the top of the list of infectious diseases. More man days were lost due to syphilis and gonorrhea than from any other communicable disease.

At the beginning of the year the Public Health Service published the data obtained from the reports of blood tests given to 2,093,138 selectees and volunteers to the armed forces through August 31, 1941. Syphilis rates per 1,000 White and Negro men, age 21-35 in the United States, based on 1,895,778 selectee blood test reports, were computed and arranged in descending order by states. Of the 85,839 men in which syphilis was detected, 56,839 were Negro and 28,995 were White. The reported rate of infection by states varied from more than 100 per 1,000 in Mississippi, Florida, South Carolina, Georgia, and Louisiana to less than 15 per 1,000 in Montana, Nebraska,

Connecticut, Rhode Island, Massachusetts, South Dakota, Minnesota, Utah, Wisconsin, North Dakota, and New Hampshire.\*

Dr. R. A. Vonderlehr estimated that among approximately 53 million civilian workers, a million to a million and a half have syphilis.\*\* No reliable estimates exist as to the prevalence of gonorrhea in this part of the population but it is believed on the basis of military experience that in general the ratio of gonorrhea to syphilis is at least 3 to 1.

Inquiry sent during the year to the health authorities of large cities and populous states revealed that there is some evidence of an increase in syphilis and/or gonorrhea in the civil population. In some places, as for example New York City, the increase is reported to be alarming especially as it is occurring particularly in the 15 to 24 year age group. In San Francisco there appears to be a considerable increase in gonorrhea.

It should be noted that increases in these infections among the civil population is likely soon to be reflected in increased military venereal disease rates.

#### *Boom Towns:*

War production needs and the location of large military establishments had by January, 1943, caused great concentrations of populations and created boom towns unprepared to meet emergency social hygiene needs. It became evident that community consciousness of developing problems must be aroused before remedial action could be instituted.

Thus, in addition to providing the services of consultants, it became necessary to put into the field specially trained and qualified community organization representatives, and to establish additional regional or branch offices. These field representatives and their regional offices were able to render many services directly to the armed forces in their areas, especially with regard to educational and law enforcement activities. In addition they stimulated citizen interest in and support of the war-time social hygiene program. All field representatives are experienced persons having professional training.

Conditions in many areas of the country adversely affecting the health and morale of the armed forces and industrial war workers and their families were studied, the findings were made available to responsible authorities, and activities were initiated by the field or headquarters staff of the Association. These pages are devoted to an account of the more important and interesting work of the

\* *Syphilis Among Selectees and Volunteers.* Prevalence in First Million Men Examined Under the Selective Service Act of 1940, R. A. Vonderlehr, M.D. and Lida J. Usilton, M.A., Journal of the American Medical Association, October 18, 1941, pp. 1350 and 1351.

\*\* *No Venereal Disease Tragedies in the World of Tomorrow,* R. A. Vonderlehr, M.D., Journal of Social Hygiene, April, 1943, p. 201.

Association during the year 1943. Activities and services may be described under the four generally accepted divisions of the Association's work:

- I. Medical and Public Health Activities
- II. Legal and Protective Activities
- III. Educational Activities
- IV. Information and Extension Activities

#### I—MEDICAL AND PUBLIC HEALTH ACTIVITIES

During the war emergency the emphasis of the Association is being placed on the prevention of venereal diseases in the armed forces and in the civilian population especially among war industry workers. This involves much more than strictly medical and public health measures, as shown later in this report, but in order to maintain a sound scientific basis medical and public health facts, principles and procedures must be constantly considered in all the Association's work which deals in any way with syphilis, gonorrhea and the so-called "minor venereal diseases"—chancroid, granuloma inguinale and lymphogranuloma venereum.

In addition to special activities mentioned below, medical and public health staff members have provided guidance to the activities of the Association, its 150 affiliated societies, and to many cooperating voluntary agencies. Since these activities often involve scientific knowledge of the venereal diseases, their means of spread, diagnosis, treatment and control, professional guidance of the total social hygiene program is essential.

##### *Medical Consultant and Teaching Services:*

Medical members of the staff participated in the planning of government agency policy as members of the U. S. Interdepartmental Committee on Venereal Disease Control, the National Research Council, the Committee on Venereal Diseases in Industry (U.S.P.H.S.), and as Consultants to the Secretary of War, to the U. S. Public Health Service and the U. S. Office of Indian Affairs.

The Executive Director of the Association was appointed Clinical Professor of Public Health Practice in the Harvard University. Staff members served as lecturers in the orientation course for Public Health Service officers in Washington and at Johns Hopkins School of Hygiene and Public Health, and the Army Medical School where medical officers of the Army and Navy were in training. This service of instruction is of value not only in the present emergency but extends into the future when most of these physicians will return to their normal pursuits better equipped to aid in the fight against syphilis and gonorrhea. The students at the Harvard School of Public Health will occupy positions in public health administration not only in the United States but in many other countries. Valuable and lasting contacts are established through this educational effort.

In cooperation with the Public Health Service, a special medical consultant of the Association has continued a study of the training of public health personnel and the use of Federal funds by the states for combating venereal diseases. This service of evaluation from year to year has proved of service to the nation and particularly to the Public Health Service and the state health authorities.

A medical staff member continued participation in research projects dealing with the venereal diseases and as a member of the Advisory Committee for the New York City Rapid Treatment Center.

*Cooperation of Labor and Management:*

Medical Consultants of the Association visited the medical departments of many large war industries, advising plant medical directors regarding principles and practices for venereal disease control in industry. An extensive report of the Association's observations and experience during the past five years of field work was prepared and submitted to the Public Health Service with which the Association cooperates in this work.

Recognizing that interest in and support by organized labor of community social hygiene programs would help to secure a sympathetic reception of venereal disease control efforts by large segments of the population, the Association last May obtained the services of a Consultant for Labor Cooperation. Under his guidance, an "industrial health education project," sponsored by the Neighborhood Health Development Committee, the New York Health Department and the Association has been organized as a demonstration in Brooklyn, New York. Trade unions in this area have pledged full support of a popular health educational program for unionized and unorganized employee groups. Both management and labor are interested and willing to support this plan to bring health information to employees. This project may serve as a model procedure for other industrial communities.

At its annual convention in Boston in October, the American Federation of Labor, at the suggestion of the Association, recommended to its 6,400,000 members that they submit to blood tests in order to know whether or not they have syphilis. The Federation declared itself in full accord with the thought that workers, for their own welfare, should have blood tests and other tests from time to time. A resolution directed that the Federation bring to the attention of its affiliated unions the fact that health departments are prepared to give blood and other tests without charge. Union members were encouraged to make use of available health protection facilities.

"Such a resolution," stated Surgeon General Thomas Parran in a letter to the convention, "by a large and influential national organization would, in my opinion, be a significant and progressive forward step in the national venereal disease control program . . . and would aid substantially in the national effort to eliminate syphilis as a national hazard to public health and industrial productivity."

The Washington Post, editorializing on the action taken by the AFL Convention, said: "If the public at large will follow the lead of the AFL (and the legislature of the State of Alabama, which we are told, has before it a law to make blood tests compulsory for all of its citizens), it will now be possible to dispel forever the smoke screen of ignorance and fear which has prevented us from making a case of syphilis as rare and outmoded as a case of smallpox."

#### *Cooperation with Pharmacists:*

The Association continued to participate in a joint project with the American Pharmaceutical Association intended to provide an opportunity for pharmacists to play a key role in the educational campaign against the venereal diseases. We have had the cooperation of the Public Health Service in this project.

During the year more than 125,000 copies of the Association's special leaflet, *A Tip from Your Pharmacist*, were distributed by pharmacists. The leaflets advised the drugstore customer that the pharmacist cannot lawfully diagnose or treat venereal disease but can be counted on to give valuable counsel in the interest of venereal disease prevention. Since many people come to the pharmacists with questions about syphilis and gonorrhea, the active cooperation of the pharmacist distributing educational material can be of great value. Many pharmacists agreed to refer to physicians all persons seeking diagnosis or treatment at drug stores. More than a thousand sets of a specially prepared window display were provided to pharmacists by the Association. Thus large numbers of pharmacists were enlisted as powerful education instruments in the dissemination of medically approved information.

With the assistance of the Association a special demonstration was carried on by the Bridgeport, Connecticut Pharmacists' Association. Every pharmacist in the city cooperated in a popular educational program which reached the entire community through public meetings, broadcasts, pamphlets, window displays and the press. The project was so successful that other communities are taking up the plan with the encouragement both of the Association and the American Pharmaceutical Association.

There has been nationwide publicity in the professional and trade publications of pharmacists. Every state pharmaceutical society has endorsed social hygiene educational activities in formal resolutions of its membership and boards and many local societies have taken similar action.

#### II—LEGAL AND PROTECTIVE ACTIVITIES

The services of the Association's legal and medical staff are constantly in demand for advice regarding sound laws and regulations based on practical studies in the field and in law libraries regarding legal mechanisms that have proved helpful in dealing with very real social and public health problems. Publications embody the results of these studies. It is apparent of course that the mere existence of a

law does not solve any problem. Good laws however are powerful instruments in the hands of able and conscientious officials, and a basis for citizen support and cooperation. Also the lack of suitable laws is a legitimate excuse for failure to correct conditions which are dangerous to health and welfare.

The Association increased its legal and protective activities in 1943 to meet the need for studies and other services requested largely by governmental agencies and in response to a continued determination of public officials and citizens to extend the protection afforded by good laws and regulations. The Association's legal consultants conferred with persons interested in good laws and law enforcement in 31 states. Excellent progress can be recorded.

#### *Studies of Laws and Law Enforcement:*

Alabama adopted a unique law requiring all inhabitants of the state between the ages of 14 and 50 to have an approved blood test for syphilis. An appropriation of \$75,000 was provided to carry out provisions of the law. This is of considerable interest as an experiment.

Indiana, Nebraska, Missouri and Wyoming passed premarital examination laws requiring, as a prerequisite for obtaining a marriage license, examination by the physician of both applicants for a marriage license including a blood test for syphilis by an approved laboratory. Idaho, Georgia, Kansas and Nebraska adopted prenatal examination laws requiring physicians to test pregnant women for syphilis as a part of prenatal examinations. There are now 30 states which have "premarital examination laws" and 30 having "prenatal examination laws."

The premarital examination laws of California, Connecticut, Illinois, Iowa, Massachusetts and Vermont were amended to obtain more smooth operation. An interesting feature of the Massachusetts premarital law, as amended, permits marriage of applicants under certain conditions even though one or both may have syphilis in an infectious stage. The physician who discovers evidence of syphilis must inform both applicants to the marriage of the evidence and nature of such disease.

Arkansas, Florida, Georgia, Oklahoma, Tennessee, Texas and West Virginia adopted new laws for the repression of prostitution, making a total of 19 states which now have adequate legislation against most of the aspects of prostitution. Ten other states have generally good legislation against prostitution but lack certain provisions which are regarded as important and valuable.

Connecticut, Florida, Indiana, Maine, Maryland, Montana, New Mexico, North Dakota, Oklahoma, Oregon, Tennessee, Vermont and West Virginia strengthened their venereal disease control laws, particularly in relation to the reporting, treatment, quarantine, follow-up or finding of persons with an infectious venereal disease.

Two laws of special interest were passed by the Florida legislature. One permits the revocation of a license of a boarding house, rooming house, hotel and restaurant for any violation of the laws against prostitution, lewdness or assignation. The second statute requires all persons rejected or deferred from military service who are infected with a venereal disease to report to a venereal disease clinic operated by the Florida State Board of Health and to take treatment from a private physician or at public expense if indicated.

In Oklahoma, the Governor signed H.B. 37 on March 18, 1943, relating to the examination and treatment of persons confined in public or private institutions, or any person arrested by lawful warrant for vagrancy, prostitution or other sex crimes for the purpose of determining if they are infected with syphilis or gonorrhea.

*Studies of Prostitution Conditions:*

The studies made by specially selected, carefully trained, reliable field assistants of the Association provide the Army, Navy, Public Health Service, Social Protection Section of the Federal Security Agency, and state health and law enforcement officials with specific detailed information regarding prostitution conditions, activities of prostitution facilitators, and so far as possible, non-commercialized sex promiscuity. The Federal and state officials depend on reports of these studies for facts upon which to determine what actions if any are necessary and what progress has resulted from actions already taken.

This is believed to be one of the most important services rendered in the war emergency as special attention is given to communities near Army or Navy establishments or having large war industries.

A great improvement in prostitution conditions has been reported since January 1, 1942. Continual vigilance will be necessary to maintain the gains made thus far.

Requests for confidential surveys of prostitution and related activities continued to increase indicating the value placed on these studies by governmental authorities. Careful planning was necessary in order to meet the requests in order of urgency. During the year 697 different studies were made in 580 different communities. A total of 11,152 copies of reports were distributed to representatives of official agencies for their confidential information. This is an average distribution of 16 copies of each survey report.

The value of frequent studies in a single community where conditions were fluctuating became increasingly apparent. In a number of communities the ominous words were heard:

When the war's over the signal will be given . . . and the red lights will go on again.

Contrary to widespread opinion, the closing of houses of prostitution is but one of the steps which must be taken if conditions favoring the spread of venereal diseases are to be permanently improved.

A striking illustration of that which can be accomplished along law enforcement lines may be gleaned from the following extracts of reports covering six studies made over a period of two years in a community recognized throughout the nation as a prolific vice center and since the war a playground for members of the armed forces.

*March 1942*—Many soldiers go into this town every day. Some make a mad rush for the joints they have heard about and others appear content with the city's safe and sane forms of recreation and points of interest. It is generally known that there are always an abundance of women, that there are many inmates in brothels, that hustlers and "come on" girls can be had in many taverns and "call girls" in many hotels and that cab-drivers, bell-boys and other types of "ropers" act as "go-betweens."

*July 1942*—At the instigation of the Federal and State authorities, the municipal authorities were persuaded to repress prostitution in general.

*October 1942*—Regardless of whether or not a man is in uniform, law enforcement has reached the stage where it is difficult to find any prostitutes.

*January 1943*—It is exceedingly difficult to find any white prostitutes. A few brothels, camouflaged as massage parlors, are found to be operating very cautiously. Some "hustlers" are found in "Nite Clubs." Prices are high. Girls have to be "sneaked" into a hotel room.

*June 1943*—Some former "hot spots" are found to be padlocked. Getting girls is mighty expensive business. Bell-boys will not help and neither will cab-drivers. "Go-betweens" receive stiff jail sentences which act as a deterrent to others. The vast majority have abandoned the practice.

*September 1943*—Some former brothels are being "held down" by caretakers for the duration in hope that during the postwar period erstwhile operators will be able to resume business. The police are found to be checking up closely. White commercialized prostitution has been reduced to a minimum. Police started an intensive drive against Negro prostitutes who "switched" their activities from white trade to their own race. Many were arrested. Negro service men now find it difficult to locate "hustlers" or "chippies." However, the grapevine had it that "as soon as the war is over the heat will be turned off."

In only two states to date—Tennessee and North Carolina—have the designated authorities decided it to be necessary to invoke and carry out the provisions of the May Act. This law makes prostitution and related activities a Federal offense, once a zone has been created by the Secretary of War or the Secretary of the Navy. In 12 counties in North Carolina along the network of highways which permeates the territory surrounding a great military camp, juke joints and honky-tonks formerly did a thriving business.

In studies made by the Association over a period of time prior to July, 1942:

It was shown that prostitutes invade the hotels. Through the aid of bell-boys and cab-drivers, these "hustlers" managed to get a good share of soldiers' pay envelopes on the last day of each month.

Khaki-struck girls—some mere youngsters in their early, middle and late teens—also roamed the highways and streets of the various communities. Many literally threw themselves at the boys in uniform. Others played "hard to get" and waited to be approached. Operators at some tourist cabins unhesitatingly rented quarters to soldiers and their female companions. Many ostensibly respectable hotels provided similar accommodations. If a soldier did not have a girl of his own, hotel employees often were able to provide "real hustlers." Spasmadic

law enforcement took place. Whenever police activity relaxed a renascence occurred. Sometimes the racket was stamped out in one place, but quickly loomed up in another.

*July 31, 1942—(The May Act was invoked by the Secretary of War.)*

*October, 1943—Reinvestigation in the May Act territories disclosed that Federal and State authorities had succeeded in substantially cleaning up these areas. Operators of juke joints and hotels indicated that it was precarious business “fooling with Uncle Sam!”*

The representatives of the Social Protection Division of the Federal Security Agency, the venereal disease control officers of the Army, the Navy and the United States Public Health Service, the state and local health and law enforcement authorities have done and are continuing to do a magnificent job in repression of commercialized prostitution. They have been aided materially not only by the American Social Hygiene Association but also by such organizations as the International Association of Chiefs of Police, the National Sheriffs' Association and the American Bar Association. Representatives of all these and other agencies, official and voluntary, comprise a team which, with the support of public opinion, may be able to reduce prostitution in the United States to the lowest point in our national history. Members of the Association's staff served in 1943 on a special Social Protection Committee of the American Bar Association and on the National Advisory Police Committee on Social Protection of the Federal Security Agency.

#### *Sex Delinquency in Wartime:*

Early in the year the Association embarked on a field study to determine, insofar as possible, the extent and seriousness of sexual promiscuity among girls and the types of measures which give promise of curing or alleviating conditions found in different parts of the country.

Army authorities have reported to the Association their concern regarding an increase in the proportion—in some areas as much as 70 per cent—of venereal infections traced to girls and women who were promiscuous or delinquent, though not prostitutes.

A committee of the Association, composed of leading authorities in the legal and protective fields of service, made a preliminary report and recommendations which have now been published.\*

In a progress report on study findings, made on September 14th,\*\* the Association's consultant, who had up to that time visited some fifty communities in the east and mid-west, stated that conditions affecting youth included increased employment of mothers in war industry, migrant workers, Army and Navy cantonments encroaching on already overburdened communities, racial hostilities, changing social mores, poor parental standards and broken homes.

\* *Sex Delinquency Among Girls: A Committee Report*, Bascom Johnson. JOURNAL OF SOCIAL HYGIENE, November, 1943. p. 492.

\*\* *The Community and Its Youth in Wartime*, Josephine D. Abbott. JOURNAL OF SOCIAL HYGIENE, November, 1943. p. 511.

Among the subjects included in the field study are community recreation facilities, control of places serving alcoholic beverages, protection of migrant and homeless girls, activities of churches, schools and social agencies, police and especially women police services, and special projects of youth groups.

Special note is being made of programs introduced into school curricula. Good examples reported are: the Philadelphia course for teachers and counsellors; the Skokie Elementary School, in Watseka, Illinois, which starts sex education in the fifth grade; and the Cincinnati, Ohio, Pre-Induction Health Program for the *Efficient Management of Personal Living in Wartime*. Courses and institutes on *Sex and Religion* in Columbus, Ohio; on *Functional Religion* in Stephens College, Columbia, Missouri; the Youth Consultation Center of the Episcopal Church in Newark, are illustrations of important adaptations of current activities to the demands of community needs.

Mention also was made in our consultant's preliminary report of a number of projects planned and organized to meet the needs of youth, among them the following:

*Teen Town* in Columbia, Missouri, where youth is organized on a basis comparable with the city administration.

The *Teen Age Canteen* in Monroe, Michigan, an example of youth's efforts to solve its own problems.

*Teen Age Club* in Raleigh, North Carolina, open every day and packed evenings for dancing, games, etc., and operated and managed by youth.

*Junior Counsellors of Bethlehem, Pennsylvania*, an organization which now has similar set-ups in some other cities.

*The House of Friendship* for youth in Jacksonville, Florida, which is backed by the Kiwanis Club.

Detailed case studies of sexually delinquent girls reveal a number of basic background factors including: grave maladjustment of the girl in the home and often in school, low standards of sex morals and sometimes criminality in the parents (incest, adultery, desertion and brutality), and often low intelligence in the girl herself. Jealousy of parents or of siblings appears as a factor surprisingly often. Girls with such a background of experience and native endowment are less likely than more fortunate girls to maintain conventional standards of conduct under war conditions.

The correction of the basic factors is indeed a long time task. It may be possible, however, so to modify the forces impinging on these unfortunate young people as to protect a good many of them from further disaster. The main purpose of the Association's study is to ascertain what measures give most promise of accomplishing this result.

Since September, the consultant has visited 16 additional communities in the south and west, and gathered more specific information on community provision for meeting the special needs of teen-age boys and girls. A full report will be rendered in 1944.

### III—EDUCATIONAL ACTIVITIES

Boys now enter the armed services at eighteen and girls enter war industries at about the same age. The Association suggests that high schools should make provision to give needed health instruction, including instruction regarding syphilis and gonorrhea, as a part of pre-induction education.

In order to meet requests from school authorities for information which youth should have concerning the chief communicable diseases, the Association prepared, printed and distributed 12,000 copies of a manual \* for teachers and students. This manual, planned as a project in visual education but adaptable to lecture and textbook methods, is entitled *Some Dangerous Communicable Diseases*, and is a complete special unit of study in health education for senior high schools and junior colleges. It gives special emphasis to syphilis and gonococcus infections. A note calls attention to the fact that the manual is not a study in sex education. The demand for this practical manual has been most encouraging.

A special conference was called of a small group of physicians, psychologists and sociologists, experienced in educational activities with young people, to advise regarding the preparation of a booklet for young women confronted by wartime social hygiene problems. This, proved a more difficult task than might be imagined by those who have not addressed modern young people on sex problems. A vast amount of work went into the preparation of a booklet which was finally issued under the title *Boy Meets Girl in Wartime*. It has been welcomed by agencies working with young women and has now taken its place among the Association's recommended educational material.

The educational consultants of the Association also revised and brought up to date other standard pamphlets for young people and for parents and teachers.

The responsibility for sex education and training for family life rests mainly on the home, the school and the church, and on organizations serving children and young people. Through the distribution of informative and educational material and through the provision of a consultation service, the Association endeavored in its educational activities to promote ethical attitudes and standards of conduct in the relations between the sexes. Family life and parent education, child development, eugenics and health education, coordinated and integrated in the school curriculum as health and human relations education, were suggested to school authorities as an essential part of the high school curriculum. It was pointed out that, generally, instruction in human relations is best provided by well-adjusted teachers of health, biological sciences and home economics. The demand from parents and teachers for educational materials continues heavy and has been met, so far as possible, by the Association.

\* With 60 stereopticon slides of illustrations and text.

*Educational Activities in Negro Colleges:*

The Association continued cooperation with Howard University and the National Tuberculosis Association in the promotion of the health program in Negro colleges, emphasizing social hygiene, tuberculosis prevention and maternity and child health. *College Health Review*,\*\* published monthly from November through May, was sent to 850 health workers in Negro collegiate institutions and individuals in a number of voluntary health agencies. Fourteen colleges in the southeastern area including Florida, Georgia, North and South Carolina, were visited by a health educator. Definite progress was noted in health educational activities. Student health service provisions, including those for the giving of serological tests and routine chest X-rays, were studied. One hundred and ten requests for guidance and advice were filled and assistance was given in health education institutes for teachers participated in by 1,338 persons.

An interesting experiment was made in Texas during the summer of 1943, under the direction of the Association's field representative. A Negro educator employed by the Association, working in Dallas and Houston, Texas, visited four Negro colleges, 15 churches, one high school, four office workers' groups, three war industry groups and five groups giving educational talks to a total of more than 15,000 Negroes. The fine cooperation secured from Negro ministers, school teachers and the Negro Chamber of Commerce was gratifying. A sponsoring committee, declaring the demonstration a success, recommended the continuance of the activity.

Development of Negro professional leadership in health education appears to be one of the essentials for a sound approach to the serious problems of this part of the population. To a limited degree the activities mentioned above will prove helpful. It is desirable greatly to extend them.

#### IV—PUBLIC INFORMATION AND EXTENSION

It is through its publications, publicity releases, articles, posters, exhibits, radio broadcasts and motion pictures that the Association reaches the millions with information and points of view regarding social hygiene. These are instruments which can be applied to special problems as they arise. Since the war emergency began all these means of informing and influencing individuals and groups have been utilized to protect the armed forces and war industrial workers of the nation from the venereal diseases which sap manpower and from prostitution which not only spreads disease but destroys character and morale. New materials have been prepared and are being prepared for service men, workers, both men and women, and for the general public. Large quantities have been provided to the Army and Navy and to war workers on request. Smaller numbers have been distributed to and through numerous cooperating health and welfare

\*\* Published by Division of Hygiene & Public Health, School of Medicine, Howard University.

agencies. Popular materials deal with the essential facts which every one should have. For the professional worker more elaborate scientific information is provided. Informational and educational materials have been distributed to every state and territory and almost every community throughout the nation. The armed forces overseas have reproduced certain educational materials with the permission of the Association.

These services have greatly increased in 1943 as indicated by the following table comparing 1942 and 1943 distribution.

#### A COMPARATIVE RECORD

	1942	1943
Pamphlets . . . . .	1,512,286	3,189,228
Posters, charts and exhibits . . . . .	14,451	29,689
Social Hygiene News (12 issues) . . . . .	148,218	171,671
Journal of Social Hygiene (9 issues) . . . . .	19,627	27,944

A total of 556 sound motion pictures were distributed in 1943, and of these 245 went to the armed forces. These forces also secured 17,753 posters as compared with 12,236 distributed to the general public.

The Association's "house organs" are the *JOURNAL OF SOCIAL HYGIENE* and *SOCIAL HYGIENE NEWS*. The former carries substantial material on wartime aspects of social hygiene by nationally known leaders. The latter is a news sheet of current events. Both these publications are sent to all Army, Navy and Public Health Service venereal disease control officers and to representatives of the Social Protection Section. Circulation has increased substantially as indicated above.

The single soldier-sailor-and-marine leaflet, *So Long Boys—Take Care of Yourselves*, with a total distribution of 1,475,517 copies, nearly equalled last year's total distribution record for all pamphlets. Practically all of *So Long Boys* went to men just prior to joining the armed forces or after their enlistment. The leaflet, *Calling All Women*, with a distribution of 573,566 copies to women in war industries, was second in demand. Next in demand was the informative little pamphlet, *Questions and Answers About Syphilis and Gonorrhea*. Of a total of 228,785 copies distributed, approximately one-half was requested for the armed forces. The two editions of the booklet, *Boy Meets Girl in Wartime* reached a distribution total of 150,747, mainly to young women engaged in war services.

Fourth most popular pamphlet was *Vital to Victory*, which went to 159,834 men workers in war industry, including many civilian employees in Army and Navy installations.

A distribution to Negroes, of 116,830 copies of *Our Family Is Having Its Blood Tested*, was recorded.

The *Facts Behind the Fight Against Venereal Disease* went to 27,786 friends of the Association.

During the year the Public Information Service periodically sent news releases and material for editorial comment to leading daily newspapers throughout the country. It also placed special news stories and articles in the journals of professional and lay organizations, with particular attention being given to the labor press and the publications of medical, public health and pharmaceutical groups.

To aid the Army the Association brought to the United States two excellent Canadian motion pictures produced by the Royal Canadian Air Force for their personnel. A British motion picture entitled *Sex in Life*, dealing with the biology of reproduction, has been given wide distribution in the United States and arrangements are being made to obtain the American rights for its reproduction and distribution.

A new motion picture designed to inform women regarding syphilis and gonorrhea was started in 1943 and will be completed early in 1944.

One of the staff of the Association served in 1943 as a member of the Women's Interest Section of the War Department Bureau of Public Relations and with other women leaders visited the training centers of the Women's Army Corps. Enthusiastic reports of the WAC and their splendid training and patriotic services were brought back by those fortunate enough to go on the tour of inspection.

The Association provided sets of educational materials for each chaplain in training at the Army School for Chaplains at Harvard University.

#### *Social Hygiene Day Observance:*

With the theme *Social Hygiene Takes Battle Stations*, the Association again sponsored in 1943 the nationwide observance of Social Hygiene Day on February 3rd. Preceded by special proclamations by Governors and by Mayors, thousands of communities held meetings sponsored by many different groups.

Citizens were brought together in conferences on methods for protecting the health and morale of soldiers, sailors, marines, workers in war industries, and civilians alike, from syphilis and gonorrhea and from conditions which favor their spread. They heard responsible social hygiene leaders make known vital facts and urge united action.

The United States Public Health Service, and the Social Protection Division of the Office of Community War Services, joined in national sponsorship of Social Hygiene Day. Closely cooperating were representatives from the Army and Navy headquarters at Washington and from the nine Army Service Commands and the fifteen Naval Districts. State and local branches of federal and national voluntary agencies worked with Social Hygiene Day Committees for the success of regional and community meetings and other events.

Every state, plus the territories of Hawaii, Puerto Rico and Alaska, participated in some or all of the ways suggested in *Program and*

*Publicity Aids* sent out by the Association. More than 3,000 "kits" were mailed in this outstanding educational project of the Association.

Newspapers made Social Hygiene Day meetings, including the dozen or more regional conferences, front page news, and supplemented the news stories by feature articles, editorials and cartoons. The radio "forum" prepared by the Association was adapted for local use in many communities. Reports received indicated that film showings were numerous. Exhibit material provided by the Association was widely used in libraries, and department and drug stores. Car cards, posters and contributed advertising focussed public attention on social hygiene objectives.

Highspot at the Association's Thirtieth Annual Meeting in Buffalo, was the presentation of the *William Freeman Snow Award for Distinguished Service to Humanity* to Dr. Ray Lyman Wilbur, President of the Association, with the citation, *Physician, Teacher, Scholar, Public Servant and Administrator*. A special feature of the anniversary meeting was a salute to *The Social Hygiene Pioneers*. The list of 244 pioneers, who had been identified with the movement for twenty-five years or more constituted an impressive Roll of Honor. Honorary Life Membership was conferred on Doctor J. E. Moore, Doctor C. A. Harper, Doctor R. A. Vonderlehr, Doctor George Baehr, Mrs. Frances Payne Bolton, Professor Ralph E. Wager, and Doctor Henry Hazen at Social Hygiene Day meetings in several cities.

Preparations for Social Hygiene Day, February 2, 1944, were already far advanced at the close of 1943.

#### *Conference with Negro Leaders:*

The Association arranged a conference on November 22 and 23 between representative Negro leaders, government officials and representatives of cooperating voluntary agencies to consider "what might be done by united action to reduce the venereal diseases as a serious handicap to Negro health and efficiency." Doctor William F. Snow, chairman of the Executive Committee of the American Social Hygiene Association, served as chairman of the conference.

Representatives of eight government agencies, seven voluntary health and welfare agencies, and fourteen Negro voluntary organizations heard a presentation of medical and social facts having to do with the prevalence and incidence of venereal disease among Negroes and the available resources for federal, state and local action.

Among the organizations and agencies represented were the U. S. Army and Navy, Social Protection Section of the Federal Security Agency, Selective Service System, Children's Bureau, U. S. Public Health Service, U. S. Office of Education, Office of War Information, War Nursing Council, American Bar Association, Phelps-Stokes Fund, Council of Negro Women, Negro Publishers Association, National Medical Association, Fraternal Council of Negro Churches, Federal Council of Churches of Christ of America, Board of Church Missions

of the Methodist Churches, Atlanta University, Fisk University, Howard University, and Tuskegee Institute.

A continuation committee was appointed to give further consideration to recommendations for positive action adopted at the conference and to take preliminary steps in carrying them out. Approval was given to a plan for effective collaboration between white and Negro leaders.

Among the recommendations being studied are those which suggest that an attempt be made to increase Negro trained personnel including nurses, health educators, social workers and laboratory personnel as well as physicians; that health education opportunities be provided for patients at all treatment centers and that law enforcement in prostitution repression be stimulated.

#### *Special Projects:*

The great importance of California as an area of military, naval and war industrial concentration led the Association to continue aid for the development of educational service, particularly with employee groups in that state through the California Social Hygiene Association headed by Doctor Ray Lyman Wilbur. Excellent progress has been made in cooperation with the health authorities, local committees and labor groups.

Similarly in Massachusetts the Association has cooperated in extension of social hygiene activities throughout this highly industrialized state, working in cooperation with the Massachusetts Society for Social Hygiene.

In Missouri through aid to the state Social Hygiene Association real progress has been made in popular education and in a study of basic causes of delinquency especially in St. Louis.

The Association aided the Pittsburgh Syphilis Control Project in a basic study of methods for dealing effectively with this infection in an industrial population.

The Kentucky Social Hygiene Association was aided in efforts to extend its activities to communities in the neighborhood of important Army establishments in that state.

#### *Washington Liaison Office:*

The importance of liaison activities with Federal agencies and with national voluntary organizations, such as the American Red Cross, the American Legion, the General Federation of Women's Clubs, National Education Association, International Association of Police Chiefs, and National Sheriffs Association, located in Washington or at present maintaining liaison activities there, made necessary the establishment, in 1941, of a year-round office of the American Social Hygiene Association with a full-time representative.

Contact is maintained with administrative units of the Army, including the Surgeon General's Office, Morale Branch, Provost Marshal, Medical School, Women's Interests Section, and other

agencies of the War Department, the Welfare and Recreation Sections; similar offices and services of the Navy; U. S. Public Health Service; U. S. Office of Education; Social Protection Division of the Office of Community War Services, and other administrative units and offices under the Federal Security Agency; U. S. Children's Bureau, Department of Labor; Health and Sanitation Division, Office of the Coordinator of Inter-American Affairs; Office of Civilian Defense; Office of War Information; President's War Relief Control Board; United Nations Relief and Rehabilitation Administration; Federal Bureau of Investigation, Department of Justice; Office of Indian Affairs, Department of the Interior; Extension Service, Department of Agriculture; Federal Works Agency; and National Archives.

This office is also called upon, by Senators and Representatives in Congress, for a wide variety of information relating to data and activities in the social hygiene field.

#### *Field Services and Organization:*

Association field service was increased in 1943 in order to meet community needs as indicated in conferences with representatives of the Army, Navy and other government agencies and of private organizations. Experienced workers are now assigned to each of the nine Army Service Commands, and branch offices exist in all of them except the First (New England) which is served from the New York City headquarters of the Association.

The Association's field representatives aid the Army and Navy venereal disease control officers in educational activities with the armed forces and in dealing with problems arising in civilian communities near military establishments, especially those problems which can best be solved by a non-official worker. The task of the field representative in such a situation is to interpret government policies and procedures and the reasons for them and to secure civilian cooperation.

The regional officers of the Army, Navy, Public Health Service and the Social Protection Section of the Federal Security Agency with the Association's representatives form a team which is able to work closely together and accomplish results of far reaching importance.

The above mentioned services are welcomed and given every cooperation by the Army and Navy as well as the Public Health Service and the Social Protection Section of the Federal Security Agency which are primarily concerned with civilian problems.

Reports of field representatives in the nine Service Commands noted that all important communities had been visited and that the Association had assisted in the development of activities in most of these communities. A constant effort was made to find community leaders who could be counted on to take responsibility for community support of programs carrying out Association objectives.

Whenever it appeared that the time was opportune for the establishment of a new committee to sponsor locally a social hygiene program, assistance was given in the organization of a group which could become affiliated with the Association. Among the new associations organized or revived into real activity were those in San Diego, California; Provo, Ogden and Salt Lake City, Utah; Columbus, Georgia; Omaha and Lincoln, Nebraska; Columbia, South Carolina and the Virginia and Washington state associations.

In many instances it was found that the hope for the future in a social hygiene community program could best be assured by the incorporation of social hygiene activities in existing going organizations. Thus the Kansas Tuberculosis and Health Association has agreed to accept responsibility for the development of social hygiene activities in that state. This is indeed a great step forward in the central states.

In September, 1943 a conference of social hygiene society executives was held with the field and headquarters staff of the Association in New York City. The conference resulted in closer union of the Association with its affiliates throughout the country—and greater solidarity in helping to win the war by preventing venereal diseases among soldiers, sailors and war workers.

It has long been the policy of the Association to cooperate with all reputable voluntary welfare organizations willing to serve as channels for social hygiene educational materials. Among many which have aided our program over a long period of time are the National Congress of Parents and Teachers, the General Federation of Women's Clubs, the Junior Chamber of Commerce, the Federated Churches of Christ in America, the American Legion, National Y.M.C.A., National Y.W.C.A., American Medical Association, American National Red Cross, and American Pharmaceutical Association.

On December 15, 1943 a conference of some of these national collaborators was called by the Association in Chicago and an afternoon was profitably devoted to reviewing mutual interests and common objectives.

#### CONCLUSION

If history repeats itself, there is grave danger of a great increase in the prevalence of venereal diseases after this war such as occurred following World War One. It is essential, therefore, that every effort be made to hold the gains against these infections made before and during the present world-wide conflict.

More widespread and effective measures are now employed against venereal diseases as a wartime menace than have ever existed before in the United States. These measures must be continued in the post-war period.

With the end of the war a recrudescence of "red light districts" and flagrant prostitution conditions in many places may be expected, unless we are very vigilant and resourceful. Evidence at hand indi-

cates that the racketeers who expect to profit from prostitution are now planning and fully expecting to re-establish their vicious traffic at the end of the war. They count on a slackening of law enforcement efforts. Only a thoroughly convinced and vocal public opinion can prevent such a backward step.

It is reasonable to hope that the new discoveries, especially the modern intensive therapy of syphilis, and penicillin treatment of gonorrhea may make it possible, in the not too distant future, to bring venereal diseases under control. The Association can then expand and emphasize other aspects of its social hygiene program. Education of youth regarding the place of sex in life—the socially and personally beneficial exercise of the reproductive instinct, in a word, the training of youth for happy marriage and satisfactory family life—is a long-range undertaking which will require for success the cooperation of educational institutions, churches and social welfare agencies of every description. As soon as possible after the war the Association should be able to turn its principal attention to this undertaking.

But in order to enjoy the privilege of participating in this future constructive work, the war must first be won. Hence, all our resources of money, strength and ingenuity are devoted now to helping assure full victory for the armed forces of the United States, and to mitigating the deleterious effects of war on young people. To help keep soldiers, sailors, marines, airmen, at their battle stations and fit to fight and win; to keep workers fit to produce the instruments of warfare; and to protect youth in wartime, are the present major purposes of the American Social Hygiene Association.

WALTER CLARKE, M.D.  
*Executive Director*

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In accordance with the By-Laws and procedures which have been approved by the membership, the Executive Committee prepares a program and budget for each fiscal year (the calendar year) which are submitted to the Board of Directors for action and reporting to the members at annual meetings.

Subsequently the Executive Committee reviews the program and budget prior to quarterly meetings of the Board and confers with its members regarding any current revisions which may be deemed advisable. Pages 128-132 present a summary of the program and budget for 1944. On page 133 is included a list of field offices to illustrate one method by which the Board seeks to keep in close touch with all parts of the nation and to provide its services where most needed from year to year.

## PROGRAM AND BUDGET FOR 1944

**1. Public Information and Community Service**

This is the activity which reaches all types of communities and groups throughout the United States with interpretative material concerning the wartime social hygiene problems and the approved activities for dealing with conditions which adversely affect the health and welfare of the armed forces and war industrial workers. The production and distribution of pamphlets, posters, exhibits, films and slides is the responsibility of this Division. Most of this material goes to the armed forces and to war industrial workers. Contact is maintained with state and local social hygiene societies and with many cooperating national, state and local organizations. The organization of new social hygiene societies and committees is stimulated, the adoption of social hygiene programs by cooperating agencies facilitated, and help with special problems is given. Meetings are arranged and speakers provided for national, state and local meetings..... \$50,217.68

**2. Legal and Protective Activities**

These activities aim directly at the repression of prostitution and the prevention of sex delinquency and promiscuity—conditions which spread the venereal diseases. Such action is extremely important in wartime because these conditions directly threaten the nation's manpower..... 18,610.10

**3. Medical and Public Health Activities**

This activity includes not only professional direction of the health and medical aspects of the Association's work and the activities of our 145 affiliated societies and committees but also expert services to the Army, the Navy, the Public Health Service, the Social Protection Division of the Federal Security Agency and many state and local official and voluntary bodies. The staff participates in instruction of Army, Navy and civilian Venereal Disease Control Officers. Medical officers of the staff represent the Association on the Inter-departmental Venereal Disease Control Committee and the National Research Council and serve as Consultants to the Secretary of War, the U. S. Public Health Service and the Federal Security Agency. They also serve on numerous other committees, guiding important social hygiene efforts and research projects which are vital parts of the wartime program..... 12,110.10

**4. Educational Activities**

These activities include consultant services and the preparation and distribution of educational materials to help youth-serving groups, parents, churches and schools meet the wartime social hygiene problems of young people. At present there is an urgent need to inform and stimulate such groups with regard to the extremely difficult

personal problems which confront young people under war conditions. It is particularly necessary to encourage and aid educational institutions in preparing teen age boys and girls to cope with situations which they meet immediately after leaving high school. The fact that boys now enter the armed services at eighteen and girls enter war industries at about the same age means that high schools carry a responsibility for giving health instruction, especially in the junior and senior years. This educational work is called "Pre-induction health instruction" and educational authorities are responding satisfactorily to the initiative which the Association is taking in this matter.....

11,955.05

#### 5. Field Services

Through the services of its staff in the field the Association's wartime program is brought directly and personally to leaders of national, state and local agencies. The Association's office for continuous liaison with the War and Navy Departments, the U. S. Public Health Service, Federal Security Agency and numerous other agencies is in Washington, D. C. The Association has established Field Offices in each of the nine Army Service Commands, except the First which is served from the New York Office in the Second Service Command. Service Command Offices are located as follows:

For First and Second Service Commands	.....New York City
For Third Service Command	....Baltimore
For Fourth Service Command	...Atlanta
For Fifth Service Command	....Columbus
For Sixth Service Command	.....Chicago
For Seventh Service Command	....Omaha
For Eighth Service Command	....Dallas
For Ninth Service Command	
Salt Lake City and San Francisco	

Field Representatives work in each of these Service Commands under the supervision of the Headquarters Office. The Field Representatives are highly trained and experienced professional men and women who enjoy the confidence of the officers of the Army and the Navy and other government representatives in their respective areas .....

65,832.57

#### 6. Special Projects

Under Special Projects are grouped certain Association activities which are carried on in relation to various cooperating official or voluntary agencies. A brief, explanatory note regarding the more important of these projects follows.....

110,595.00

##### a. *The Coordinator's Project*

This project is under the supervision of the Division of Legal and Protective Activities. It provides for field studies of prostitution and related conditions throughout the United States

and reports on these studies to the appropriate Federal and state authorities. Studies are made principally at the request of the Army, the Navy, the U. S. Public Health Service and the Federal Security Agency and occasionally various state health and law enforcement officials.

*b. Youth Services*

This project provides personnel to maintain liaison particularly with the member agencies of the USO and also with numerous youth agencies with which we constantly cooperate.

*c. Social Hygiene Day*

Social Hygiene Day, February 2, 1944, is the annual high point of social hygiene popular instruction activities in the United States. Thousands of meetings and much publicity results from the promotion which focuses public attention on wartime problems; and on review of the past year's program and plans for the coming year.

*d. Industrial Project*

The Industrial Project aims to secure the cooperation of labor and management in the protection of war workers from syphilis and gonorrhea, thereby saving manpower. Special emphasis is being given at present to enlisting the interest and support of organized labor in these educational activities.

*e. Educational Project*

This is a study of methods of public education and training of personnel in wartime. These studies are particularly important as they follow and evaluate Federal, state and local health activities aimed at the protection of the armed forces, industrial workers and the general public from the venereal diseases under the conditions of the present emergency.

*f. Pharmacy Project*

This project is succeeding in enlisting the participation of pharmacists in the wartime program for controlling venereal diseases. Pharmacists can help or hinder this program and it is assumed that they will help it to the degree that they understand the nature of the problem and the methods by which venereal diseases can be controlled.

*g. Appropriations for Special Projects with Co-operating Organizations*

From the funds of the Association small appropriations are being made this year to the California Social Hygiene Association, the Missouri Social Hygiene Association, the Massachusetts Society for Social Hygiene, and the Pittsburgh Syphilis Control Project, to aid them in state and local activities. Such activities directly aid wartime venereal disease control programs in these areas, and are selected as being of special value in relation to the National Agency program.

**7. Publications Service**

The Association produces and distributes a large number of pamphlets, posters, exhibits, motion picture films and slides to state and local health authorities and various other tax-supported health and welfare agencies. To the extent possible these tax-supported organizations are requested to reimburse the Association for cost of materials which they obtain. This operation is set up as a special project to keep it separate from the Association's general activities material.....

28,000.00

**8. Committee Activities**

These are activities of the Executive Committee, the Finance Committee, the Membership Committee, the Board of Directors and such Special Committees as may be set up from time to time in connection with governing the Association's policy-making, and supervising its general program. It should be noted that no allocation is made to the Finance Committee since the fund-raising program has for the present been undertaken by the National War Fund.....

5,245.00

**9. Administration, Publicity and Promotion**

Under this item is included the necessary overhead expenses of carrying on the Association's activities. The total amounts to about twelve per cent (12%) of the whole budget.....

42,209.50

**10. Contingent Fund**

It is evident from the experience of past years, and especially in 1943, that some portion of the 1944 budget must be kept free from specific assignment, in order to enable the Executive Committee to deal effectively with emergencies.....

15,225.00

Total ..... \$360,000.00

**Financial Statement for Year 1943****INCOME—January 1 to December 31, 1943**

Contributions . . . . .	\$245,589.40
Membership dues and subscriptions to JOURNAL OF SOCIAL HYGIENE . . . . .	5,122.29
Income from books, pamphlets, films, exhibits and other materials . . . . .	28,840.10
Miscellaneous income . . . . .	28.75
<i>Total Income 1943</i> . . . . .	\$279,580.54

**EXPENSE—January 1 to December 31, 1943**

Public Information and Extension . . . . .	\$32,081.01
Legal and Protective Activities . . . . .	14,698.04
Medical and Public Health Activities . . . . .	15,590.45
National Education Committee Activities . . . . .	11,288.10
Executive Committee Activities . . . . .	3,862.16
Membership Committee . . . . .	1,549.49
National Anti-Syphilis Committee, including financial campaign . . . . .	10,221.53
General Field Service . . . . .	60,767.74

Publications: Journal of Social Hygiene, Social Hygiene News, books, pamphlets, films, exhibits	42,974.35
Special Projects: Field studies of prostitution and related conditions in states and communities; Youth Service; Social Hygiene Day; Cooperation with Labor Organizations and Industrial Leaders in War Industries, Health Authorities, Pharmacists; Development of Educational Activities in California; and miscellaneous.....	101,616.85
<i>Total Expense 1943</i> .....	<hr/> \$294,649.72

In addition to the expenditure of \$294,649.72 from the funds of the Association, other agencies contributed \$24,423.06 to projects of the Association. Some of the personnel employed in these projects were paid directly by such cooperating agencies. This expenditure is, therefore, in addition to the \$294,649.72 itemized above.

MARGIN OF EXPENSE OVER INCOME FOR 1943.....	15,069.18*
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#### ASSETS:

Special Funds—William Freeman Snow Medal Fund .....	\$182.63
General Funds—	
Cash for general purposes, including revolving funds and petty cash.....	20,174.75
Advances to staff for travel.....	5,333.70
Accounts receivable for publications.....	3,940.67
Securities—10 shares Boston Wharf Company stock—estimated value as of December 31, 1943 .....	165.00
<i>Total Assets</i> .....	<hr/> \$29,796.75

#### LIABILITIES:

Accounts Payable .....	\$5,116.42
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NET WORTH—December 31, 1943.....	<hr/> \$24,680.33
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\* Paid from balance carried over from previous year. Net worth December 31, 1942, plus minor adjustments, was \$39,749.51.

## FIELD OFFICES \*

- WASHINGTON, D. C. Washington Liaison Office, Room 609, 927 15th St., N.W.  
JEAN B. PINNEY, *Director in Charge*  
REBA RAYBURN, *Office Secretary*
- ATLANTA, Georgia. 506-508 Citizens & Southern Nat'l Bank Building. Serving Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina and Tennessee.  
CHARLES E. MINER, *Field Representative*
- COLUMBUS 15, Ohio. Care National Conference of Social Work, 82 North High Street. Serving Indiana, Kentucky, Ohio and West Virginia.  
WADE T. SEARLES, *Field Representative*
- OMAHA 2, Nebraska. 736 World-Herald Building. Serving Colorado, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota and Wyoming.  
GEORGE GOULD, *Assistant Director, Division of Legal and Protective Service, in charge*
- SALT LAKE CITY 1, Utah. 402 McIntyre Building. Serving Arizona, Idaho, Montana, Nevada, Utah, California, Oregon and Washington.  
GEORGE GOULD (see above), *temporarily in charge*
- BALTIMORE 2, Maryland. Care of Baltimore Community Fund, 22 South Light Street. Serving Delaware, Maryland, Pennsylvania and Virginia.  
KENNETH R. MILLER, *Field Representative*, home address, 260 Bridge St., Drexel Hill, Pa.  
EDNA W. FOX
- CHICAGO 1, Illinois. Room 615, 360 North Michigan Avenue. Serving Illinois, Michigan and Wisconsin.  
DR. WARREN H. SOUTHWORTH, *Field Representative*
- DALLAS 8, Texas. Cliff Towers. Serving Arkansas, Louisiana, New Mexico, Oklahoma and Texas.  
BASCOM JOHNSON, *Director in Charge*  
MRS. GERTRUDE R. LUCE, *Office Secretary*
- SAN FRANCISCO 5, California. 45 Second Street.  
W. F. HIGBY, *Field Consultant*

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\* The New England states, New York, and New Jersey are served from the Association's headquarters in New York City.

THE THIRTY-FIRST ANNUAL MEETING  
OF THE  
AMERICAN SOCIAL HYGIENE ASSOCIATION  
(Business Session)

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*February 1, 1944*

Academy of Medicine, New York, N. Y.

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ABSTRACT OF PROCEEDINGS

The members and delegates attending this session of the Annual Meeting of the American Social Hygiene Association were called to order by the President, Dr. Ray Lyman Wilbur, at 6:00 p.m., the Academy of Medicine, New York City. The Committee on Credentials reported a quorum present.

President Wilbur announced the following Committees of the Association on (1) Credentials, (2) Resolutions, (3) Nominations for the year 1944; explaining that these Committees also serve during the interim between Annual Meetings, as Standing Committees on (1) Membership, (2) Public Statements, and (3) Personnel Questions, respectively.

1. *Committee on Credentials*

1. Dr. Bertha Shafer, Chairman.....	Chicago, Illinois
2. Mr. Elias L. Day.....	Salt Lake City, Utah
3. Miss Margaret Flynn.....	Louisville, Kentucky
4. Mr. Lawrence Arnstein.....	San Francisco, California
5. Mr. Bailey B. Burritt.....	New York, N. Y.

2. *Committee on Resolutions*

1. Mr. Ray H. Everett.....	Washington, D. C.
2. Dr. Carl A. Wilzbach.....	Cincinnati, Ohio
3. Mrs. S. W. Miller.....	Boston, Massachusetts
4. Mrs. Elwood Street .....	Houston, Texas
5. Professor Ralph E. Wager.....	Atlanta, Georgia

3. *Committee on Nominations*

1. Mr. Alan Johnstone.....	Newberry, South Carolina
2. Mr. Walter W. R. May.....	Oregon City, Oregon
3. Dr. John M. Sundwall.....	Ann Arbor, Michigan
4. Dr. Harriet S. Corey.....	St. Louis, Missouri
5. Dr. Felix J. Underwood.....	Jackson, Mississippi

Mr. Bailey B. Burritt, as Secretary of the Association, reported that there were no corrections for the minutes of the previous meeting, and on motion seconded and carried the minutes were approved. Mr. Burritt then presented the Report of the Board of Directors for the year 1943. After discussion of

this report and inspection of the several reports\* of Committees and Officers, submitted therewith, on motions duly approved, these were accepted and filed.

The Committee on Resolutions\* was represented by Dr. Walter Clarke in the absence of the chairman, Mr. Ray H. Everett. On motion, seconded and carried, this report was adopted.

The Report of the Committee on Nominations\* was presented, and after discussion the nominated officers and members of the Board of Directors were unanimously elected.

Following the transaction of the above required business, the President called upon the Secretary, Mr. Burritt, for a statement regarding the Annual Dinner to be served at the Academy, and plans for the presentation of the Award to Dr. Hugh S. Cumming. Dr. Robert L. Dickinson was called upon to describe his scientific work and activities in preparing visual education materials. The members accepted the opportunity to visit Dr. Dickinson's laboratory and museum in the building following adjournment. After a period of general discussion of plans for the coming year, a motion to adjourn was carried.

#### REPORT OF COMMITTEE ON CREDENTIALS

The Committee finds that there is a quorum of members present and qualified to vote at this annual meeting of the Association. The membership now totals 18,201, comprising contributory, honorary, collaborating, corresponding, library and society members.

Community and state interest and citizen participation have increased during the year. However, concentration of the Association's effort on war activities, and the financing of the budget by the National War Fund have resulted in fewer new members being added to the rolls of national membership. The report of the year records 460 new members.

The Committee has no specific recommendations to present at this meeting. Attention is called to the reports for previous years in which emphasis is placed on the importance of adding new members—particularly young men and women. Even now in the midst of war, the Committee hopes ways and means will be considered for strengthening the youth group representation in the Association's membership. We may expect to emerge from this war period into a new world in which our children now in their adolescence will have to plan their lives. Much that the Association has to contribute can be passed on to them only by enlisting their active participation now.

Two questions of interest recently referred to the Committee on Credentials, serving as the Membership Committee, are outlined in the attached correspondence—

1. The question of authorizing its affiliates to use the Association's Emblem (which it uses on its letterheads and some publications).
  2. The question of defining "society membership" more definitely.
- Unless the members desire to discuss and act directly on these questions, they will be considered by the Committee and recommendations will be made later to the Executive Committee.

Respectfully submitted.

#### REPORT OF THE BOARD OF DIRECTORS

*To the Members of the Association:*

It has been the practice of members attending the annual meetings to have the reports of the Executive Committee, the Finance Committee, the Treasurer, the Auditor, and the Corporation Report for the year introduced for general discussion, then circulated for inspection before action is taken. These reports are now submitted for your consideration.

The Reports of the War Activities Committee, the Committee on Awards, and the General Advisory Committee are also presented for notation, comment and filing.

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\* Summaries of reports are included in this abstract.

On July 31, 1939, President Wilbur appointed a Special Committee to consider ways and means of maintaining the strongest continuous program . . . adapted to changing conditions and personnel requirements . . .

That Committee began its work with Dr. Livingston Farrand as Chairman; but his death and the advent of war delayed its progress. Recently however, President Wilbur and the Committee members have discussed the importance now, in the midst of war, of studying the plan and scope of alternative programs and personnel needs of the post-war and future periods. Dr. Bishop has agreed to accept the Chairmanship of this Committee, and Dr. Parrau, Dr. Emerson, Mr. Mather and Captain Babcock will serve with him. An item has been included in the budget to be held for such expense as may be deemed necessary for the purpose of this Committee.

Father Schwitalla has submitted the timely suggestions quoted below which the Board also believes should be brought before you for consideration:

1. "Intensification of efforts to bring both the health and the educational attitudes of the American Social Hygiene Association to the attention of social hygiene committees of other associations with a view of developing greater unanimity and uniformity of effort."
2. The place of the Association in the present venereal disease campaign.
3. The desirability of further efforts to clarify the objectives and procedures of the American Social Hygiene Association and of the social hygiene movement."

Similarly Dr. Rachelle S. Yarros has written: "If I could be with you this year, I would particularly invite discussion of any serious proposal that the social hygienists drop the term Sex-Education and use the phrase public health and human relations." The advisability of any such action is questioned.

Finally the Board desires to report its action in approving a temporary section of the General Advisory Committee on "Special Wartime Problems of Venereal Disease Control." This section comprises the membership of the recent Conference with Negro Leaders. A small Continuing Committee of this Conference Group was named to advise with the staff and the Board of Directors on cooperative projects with governmental and other voluntary agencies in promoting greater initiative and participation of Negroes in the venereal disease campaign.

Respectfully submitted.

#### SUMMARY OF REPORT OF THE EXECUTIVE COMMITTEE

*To the Board of Directors:*

The Executive Committee presents herewith, as the basis of its final report for the year 1943: (1) the minutes of the meetings; (2) supporting statements and reports filed for reference; (3) quarterly reports of the Executive Director; (4) reports of the sub-committee on budget and salary adjustments approved. (See pp. 128-132 for 1944 Program and Budget.)

The Committee considers the work of the year to have been unusually important and successful in this difficult war period. The staff members have worked untiringly to carry out their assignments. The Executive Director was instructed to prepare an annual statement summarizing the more important projects undertaken during the year. This is attached\* and copies are available for members attending the annual meeting. If this statement is approved for more general circulation, it will be submitted to the Editorial Board for publication in the JOURNAL, and in preprint form with such revisions and addition of illustrative material as may be deemed desirable.

For the months which lie immediately ahead, the continuance of the program and budget of the past quarter (i.e. \$30,000.00 per month) is indicated; and the Committee has no special recommendations to make.

The Committee would like, however, to present briefly several projects for action or instructions at this time. These may be listed as follows:

\* See text of this statement on pages 107-27 of this issue of the JOURNAL.

1. Cooperative Project with the Massachusetts Social Hygiene Association for 1944.
2. Cooperative Project with the Missouri Social Hygiene Association for 1944.
3. Cooperative Project with the Kentucky Social Hygiene Association.
4. Completion of film for women and increase in the allocation therefor.
5. Addition of a Negro educator to the staff for assignment to activities in the Eighth Service Command and other areas.
6. Addition of a Special Consultant for temporary field service in promoting Negro participation in the venereal disease campaign.
7. Cooperative Project with Government and Voluntary Agencies, in promoting the planning and participation of Negroes in the campaign against the venereal diseases.

The chairman of the Executive Committee and the Executive Director have been requested to furnish any details regarding each of these projects.

Respectfully submitted.

#### SUMMARY OF REPORT OF THE FINANCE COMMITTEE

*To the Board of Directors:*

The Finance Committee revised and adapted the fund raising and book-keeping methods of the Association to meet the requirements of the National War Fund, when the latter took over the responsibility for providing funds to cover expenditures under the approved budget of the Association not provided by other sources.

At the same time on request of the War Fund the Association gave leaves of absence to the Campaign Manager and Associate Director for the year to serve on the staff of the War Fund, and arranged for the release of another member of the staff for this purpose.

These arrangements have been mutually helpful and the underwriting of our budget has enabled the Association to continue its vigorous and successful war essential activities without retrenchment. It is expected that this agreement will be continued in 1944.

It should be kept in mind, however, that the original agreement with the National War Fund, in relation to the War, does not at present make provision for any post-war period or peace time program.

The Treasurer's Report shows the receipts and expenditures for the year. The net worth of the Association December 31, 1943 was \$24,680.33, as compared to \$39,525.19 December 31, 1942.

The Committee has no specific proposals to present at this time.

Respectfully submitted.

#### REPORT OF THE TREASURER

FOR THE YEAR 1943

January, 27, 1944

*To the Board of Directors:*

The following statements and data have been compiled for submission, together, with pertinent comments, as the report of the Treasurer for the year 1943:

1. The auditor has filed with me a report\* in which he states that his examination of the Association's records and supporting evidence confirms the schedules and exhibits which set forth the results of the Association's operations for the year. A copy of the report is attached for your information.
2. The net worth of the Association at the beginning and at the end of the year 1943 were as follows:

\* This report has been filed for reference in the office of the Association.

Net Worth—December 31, 1942.....	\$39,525.19
Net adjustments to surplus (credit).....	224.32
	_____
	\$39,749.51
Total Income for 1943.....	\$279,580.54
Total Expense for 1943.....	294,649.72
	_____
Excess of Expense over Income.....	15,069.18
Net Worth or surplus as of December 31, 1943.....	\$24,680.33
3. A summary of expenditures for the year 1943 reported on in the audit shows the following:	
Personnel . . . . .	\$89,450.45
Travel . . . . .	19,036.97
JOURNAL OF SOCIAL HYGIENE, SOCIAL HYGIENE NEWS and Publications . . . . .	11,881.86
Books, pamphlets, films and exhibits.....	31,092.49
Publicity Materials.....	1,318.22
Operating Expense.....	24,619.70
Finance Committee Activities.....	10,221.53
Executive Committee Activities.....	3,862.16
Membership Committee Activities.....	1,549.49
Special Projects.....	101,616.85
	_____
	\$294,649.72**
4. The Treasurer's cash account during the year shows:	
Cash on hand December 31, 1942.....	\$ 36,052.78
Cash deposits during 1943.....	287,921.42
	_____
	\$323,974.20
Transferred to the Disbursing Account.....	311,000.00
	_____
Cash in the Treasurer's Account—December 31, 1943.....	\$ 12,974.20
In addition, we have cash balances in—	
The Disbursing Account—Chase National Bank.....	4,928.76
The Emergency Account—Chemical Bank & Trust Co.....	2,360.45
Greenwich Savings Bank.....	18.97
Petty Cash and Stamp Fund—in office of the Association..	75.00
	_____
	\$20,357.38

5. The Chairman of the Executive Committee, and the Executive Director have continued under authorization from the Board to make such transfers among the several accounts and funds of the Association as have been necessary under the exigencies of carrying on the work of the year. The Association has continued to act as custodian for the William Freeman Snow Medal Fund; an amount of \$182.63 is on hands as of December 31, 1943. The Association has also accepted and held subject to the order of state and local Social Hygiene Societies Anti-Syphilis committees, certain contributions received through joint financial campaigns for which sharing agreements have been made. The sums held for this purpose have all been disbursed.
6. The following recapitulation of the years' receipts and disbursements may present a clearer picture:

\*\* It will be noted from the Auditor's report, that \$24,423.06 was paid by other agencies as compensation directly to members of the staff assigned to cooperative projects.

December 31, 1942—Cash in the Treasurer's Account . . . . .	\$ 36,052.78
Receipts in 1943.....	287,921.42
	<hr/>
	\$323,974.20
December 31, 1942—Cash in the Disbursing Account....	3,159.79
	<hr/>
	\$327,133.99
Less paid on 1942 bills.. \$ 7,819.70	
Less paid on 1943 bills.. 301,411.33	
	<hr/>
	309,231.03
December 31, 1943—Balance in Treasurer's and Disbursing Accounts. . . . .	\$ 17,902.96
December 31, 1943—In Treasurer's Account... \$12,974.20	
In Disbursing Account... 4,928.76	
	<hr/>
	Total \$ 17,902.96
Cash on hand—Emergency Account... 2,360.45	
Greenwich Savings	
Bank. . . . .	18.97
Petty Cash and	
Stamp Fund..... 75.00	
	<hr/>
Total Cash on Hand.. \$20,357.38	
Securities. . . . .	165.00*
Accounts Receivable... 9,274.37	
	<hr/>
	\$29,796.75
Accounts Payable.. 5,116.42**	
	<hr/>
December 31, 1943—Net Worth or Surplus.....	\$24,680.33

7. The Auditor has been of special assistance this year in advising on, and checking data which we have furnished the National War Fund. The Finance Committee has successfully arranged our bookkeeping and related details to the mutual advantage of the War Fund and our Association as a participating member of the Fund. The reports of the Auditor and the Finance Committee and the Executive Committee constitute a satisfactory source of details on income and expense throughout the year 1943.

Respectfully submitted.

#### SUMMARY OF CORPORATION REPORT FOR 1943

*As Required by Article II, Section II of the Membership Corporation Law*

The American Social Hygiene Association herewith reports for the year January 1, 1943 to December 31, 1943 the following information:

1. The whole amount of real and personal property owned by the corporation, where located, and where and how invested.  
(Grand Total—Inventory of all Personal Property.... \$29,976.75)
2. The amount and nature of the property acquired during the year immediately preceding the date of the report and the manner of acquisition.  
(Contributions from all sources..... \$279,580.54)
3. The amount applied, appropriated, or expended during the year immediately preceding such date and the purposes, objects, or persons to or for which such applications, appropriations, or expenditures have been made.  
(Total Expense. .... \$294,649.72)

\* Estimated value as of December 31, 1943.

\*\* In addition to the liabilities recorded on the books there have been commitments made at the end of 1943 amounting to \$3,097.31 for expenditure in 1944.

4. The names and places of residence of the persons who have been admitted to membership in the corporation during such year.  
 (New Members enrolled..... 460)

A copy of the full report has been filed with the records of the corporation, and an abstract thereof will be entered on the minutes of the proceedings of the annual meeting, as required by law. The details of this report are filed under the above divisions. See explanatory notes and figures on pages in this number of the JOURNAL.

[Signed by the Members of the Board of Directors]

#### REPORT OF THE COMMITTEE ON WAR ACTIVITIES

*To the Board of Directors:*

This Committee was set-up in 1939 to provide a ready means of conferring with officers and agencies of the Federal Government and State and City officials, on matters requiring clear understanding of policies, programs, and activities.

In the period of early training and military maneuvers, and immediately following the declarations of war, the Committee was necessarily very active between meetings of the Board of Directors.

In the past year, however, it has been possible to work largely through the Executive Committee, and the National Office and Field Staff.

At this time the Committee has no specific recommendations to make; but will continue to keep closely in touch with the Government authorities through its members and the Association's general officers and staff.

Respectfully submitted.

#### REPORT OF THE COMMITTEE ON AWARDS

*To the Board of Directors:*

The Committee decided this year to recommend the award of the "William Freeman Snow Medal for Distinguished Service to Humanity" to Dr. Hugh S. Cumming, Surgeon General of the United States Public Health Service, Retired, and Director of the Pan American Sanitary Bureau.

A copy of the brochure is enclosed containing biographical notes and the citation.

The Committee also selected for recommendation for honorary life memberships—Lieutenant Colonel Donald H. Williams of Canada, Dr. Enrique Villela of Mexico, and Dr. Antonio Fernós-Isern of Puerto Rico. Citations have been prepared.

Arrangements have been made to present these awards as follows:

Major General Merrittie W. Ireland will present the medal to Dr. Cumming at the Annual Dinner Session of the Association, Academy of Medicine, New York, February 1, 1944.

Surgeon General Thomas Parran will present the life memberships to Dr. Villela and Dr. Fernós-Isern at the Regional Social Hygiene Conference in San Juan, Puerto Rico, February 9, 1944. Owing to military necessity, the presentation to Colonel Williams will be postponed until later in the year.

The Committee calls to your attention its report of last year, reviewing the basis of organization of this Committee and its procedure in selecting recipients of the awards. The Committee members were impressed with the interest shown in the "Roll of Honor" list of pioneers. It is believed that the continuance of the Honor Roll would serve a useful purpose historically and offer a further means of recording biographical reference notes about members and others who richly deserve to be remembered for their constructive work and influence on the growth and development of this social hygiene movement.

Respectfully submitted.

## REPORT OF THE GENERAL ADVISORY COMMITTEE

*To the Board of Directors:*

The General Advisory Committee was established in 1916 when President Eliot retired from the office of President. He agreed to serve as Honorary President and Chairman of this new committee, which was to have a small nucleus of continuing members and such additional members appointed for temporary service as might be required. The original continuing members were assigned to a series of sections, and a varying number of temporary appointments frequently changing as to individuals, were added as experience showed the value of referring special problems to them for consideration or action.

In consultation with the President, revisions have been made, from time to time in this committee to better adapt it to current needs. An outline is attached covering the present status together with a list of the major problems which the committee and its sections are now studying.

In November 1943, the Association arranged for a conference with Negro leaders on "Special Wartime Problems of Venereal Disease Control." At the conclusion of this conference, the possibilities of promoting a nation-wide program of activities for securing the extension of participation of Negroes in the control of venereal diseases were considered to be so promising, that it was recommended that the members of the conference be added as a Temporary Committee on Special Wartime Problems of Venereal Disease Control.

It is suggested that the Executive Committee in further consultation with the President review the entire personnel of this Committee and be empowered to make such revisions and additions as may be deemed appropriate.

Respectfully submitted.

## GENERAL ADVISORY COMMITTEE 1944

*Plan of Organization***I. Permanent Members**

1. Honorary Life Members.
2. Recipients of the Snow Medal Award.
3. Individuals elected at Annual Meetings of the Association.

**II. Advisers and Consultants**

1. Annual appointments on nomination by the President and confirmation by the Board of Directors.

**III. Temporary Members**

1. Appointed by the Board of Directors for temporary assignment to designated committee activities or special projects; each appointment subject to termination within the fiscal year, unless renewed by action of the Board.

**IV. Designated Sections and Special Committees**(A) **SECTIONS**

1. Public Information and Community Service.
2. Medical and Allied Professional Services and Public Health.
3. Law Enforcement and Social Protection.
4. Education and Teacher Training.
5. Marriage and the Family.
6. Research and Special Inquiries.
7. Organization and Administrative Policies.

(B) **SPECIAL COMMITTEES**

1. National Anti-Syphilis Committee.
2. Education Committee of the American Social Hygiene Association.
3. Temporary Committee on Special Wartime Problems of Venereal Disease Control.

SOME MATTERS BEING CONSIDERED BY THE GENERAL  
ADVISORY COMMITTEE

*Problem* 1. Ways and means of securing greater initiative and participation of industry and management in the campaign against Venereal Diseases.

- Problem* 2. Practical integration of instruction on the venereal diseases in high school health education courses.
- Problem* 3. Juvenile delinquency in relation to the spread of venereal diseases, and to sexual promiscuity.
- Problem* 4. The venereal diseases and their control among racial and other special population groups.
- Problem* 5. Conditions to be met in controlling venereal diseases during demobilization of the military forces.
- Problem* 6. International relations and cooperation in the social hygiene field.
- Problem* 7. Post war voluntary organization for social hygiene activities.
- Problem* 8. New drugs and techniques for diagnosis and treatment, and medical supervision of persons infected with syphilis and gonorrhea.
- Problem* 9. Improvement of laws and regulations related to the field of social hygiene.
- Problem* 10. Relations of the Social Hygiene Program to activities of Agencies dealing with Education and training for marriage and family life, planned parenthood, divorce, illegitimacy, economics and other factors affecting marriage and family welfare.

#### REPORT OF THE COMMITTEE ON RESOLUTIONS

The Committee recommends adoption of the following resolution, after circulation and discussion of the reports of the Officers, Board of Directors, and consideration of the Annual Corporation report:

RESOLVED: That the acts and proceedings of the Board of Directors and the Executive Committee, and of the officers of this Association heretofore had, be and the same are hereby ratified, adopted, and approved, and made the acts and proceedings of the Association at this meeting, to take effect as of the several dates on which the acts and proceedings purport respectively to have been had.

The Committee expects during the year to collaborate with the Board of Directors and other standing Committees in the formulation of a number of useful resolutions relating to policy and to the position which the Association takes on issues arising in its field. At the present time, however, none of these matters are sufficiently advanced to warrant their being placed before you at this meeting.

The Committee prepared during the past year resolutions on the irreparable loss of Dr. Thomas A. Storey, and Dr. Max J. Exner. Other friends and active co-workers whom death has removed from our membership are: Dr. Frederick Paul Keppel, Dr. Ira S. Wile, Dr. A. T. McCormack, Dr. Lewellyn F. Barker, Mr. John E. Zimmerman, Governor Frank O. Lowden.

Respectfully submitted.

#### REPORT OF THE NOMINATIONS COMMITTEE

*To the Members of the Association:*

Your Committee has canvassed the recommendations submitted during the past year, and considers that the immediate war time needs of the Association require the continued services of the incumbent Officers and Board of Directors.

Accordingly the Committee presents for re-election the following general officers.

<i>Honorary President.....</i>	Edward L. Keyes
<i>President.....</i>	Ray Lyman Wilbur
<i>Vice President.....</i>	Frances Payne Bolton
<i>Vice President.....</i>	John H. Stokes
<i>Secretary.....</i>	Bailey B. Burritt
<i>Treasurer.....</i>	Timothy N. Pfeiffer

For membership in the Board of Directors, the Committee recommends that Captain Charles H. Babcock, Dr. George Baehr, Dr. Robert H. Bishop, Jr., Dr. Kendall Emerson, Dr. Percy S. Pelouse be reelected for the term ending December 31, 1946.

The Constitution provides for four vice presidents, traditionally selected from the eastern, central, southern and western areas of the United States. There are two vacancies at the present time. There are also three vacancies in the Board of Directors. In view of present conditions the Committee suggests that no action be taken to fill these positions at this meeting, but that the Board of Directors be requested to take such action during this year as circumstances may require. If this proposal is approved, the Nominating Committee will be prepared to submit recommendations at any time.

Respectfully submitted.

AMERICAN SOCIAL HYGIENE ASSOCIATION

1790 BROADWAY, NEW YORK 19, N. Y.  
1944

*Officers and Board of Directors*

Honorary President.....	Dr. Edward L. Keyes, 116 East 63rd Street, New York, N. Y.
President .....	**Dr. Ray Lyman Wilbur, Stanford University, California
Vice Presidents.....	Mrs. Frances Payne Bolton, House Office Building, Washington, D. C. Dr. John H. Stokes, 4228 Spruce St., Philadelphia, Pennsylvania
Secretary .....	**Mr. Bailey B. Burritt, 105 E. 22nd St., New York.
Treasurer .....	Mr. Timothy N. Pfeiffer, 15 Broad St., New York.
Board of Directors.....	Capt. Charles H. Babcock, 120 Broadway, New York. *Dr. George Baehr, 110 East 80th St., New York. *Dr. Robert H. Bishop, Jr., 2065 Adelbert Road, Cleveland, Ohio Dr. Albert J. Chesley, 91 Arthur Avenue, S. E., Minneapolis, Minn. Dr. Louis I. Dublin, 1 Madison Ave., New York. Dr. Kendall Emerson, 1790 Broadway, New York. Dr. Robert P. Fischelis, 28 West State Street, Trenton, N. J. Col. Ira V. Hiscock, Yale University, School of Medicine, New Haven, Conn. *Major General Merritte W. Ireland, 1870 Wyoming Ave., Washington, D. C. Mr. Alan Johnstone, Room 6133, North Interior Bldg., Washington, D. C.
	Major General James C. Magee, 1740 Poplar Lane, N. W., Washington, D. C.
	Vice Admiral Ross T. McIntire, Surgeon General, U. S. Navy, Washington, D. C.
	Rt. Rev. Arthur R. McKinstry, Cathedral Church of St. John, Wilmington, Delaware
	*Mr. Philip R. Mather, 16 Arlington St., Boston 16, Mass.
	Surgeon General Thomas Parran, U. S. Public Health Service, Washington, D. C.
	Dr. Percy S. Pelouze, 1216 Drexel Avenue, Drexel Hill, Pa.
	Rev. Alphonse M. Schwitalla, S.J., 1402 South Grand Blvd., St. Louis, Missouri
	*Dr. William F. Snow, 464 Riverside Drive, New York.

\* Members of the Executive Committee.

\*\* Ex officio members of the Board of Directors and the Executive Committee.

## ANNUAL DINNER MEETING

Following the annual dinner at the Academy of Medicine, President Wilbur opened the meeting by introducing the speakers and international guests of the Association. Attention was drawn to the flags of all the nations of the Americas displayed in honor of the Union of American Republics. Dr. Wilbur referred to the great task before the Allied Nations; and spoke of the privilege and duty of the American Social Hygiene Association to play its part in accomplishing this task.

Mr. Bailey B. Burritt, Secretary of the Association, was called upon for the Annual Report. Mr. Burritt summarized the actions taken at the annual business session, and announced the election of officers and directors for the year 1944.\* Mr. Burritt said the year had been marked by important war essential services, the continuance of which were requested by the Government through the coming year. He said the Board of Directors had expressed appreciation of the cooperation of the National War Fund and both Government and voluntary national agencies.

Speaking of international cooperation, Mr. Burritt stressed the encouraging growth of Inter-American activities and mentioned the Regional Social Hygiene Conference to be held in Puerto Rico on February 9th, to be attended by representatives of the nations in the Caribbean Area and officers of the military forces. In this connection a telegram from Governor Tugwell and Dr. Fernós-Isern, Chairman of the Conference Committee, was read, pledging their support to the national program. Telegrams and letters from Frances Payne Bolton, Vice President of the Association; Dr. Rachael Yarros, Honorary Life Member, and other officers and members were presented.

Mr. Burritt said in conclusion that he would like to call on Dr. Walter Clarke, Executive Director, to speak briefly of the program for the year.

Dr. Clarke said, "If history repeats itself, there is grave danger of a great increase in the prevalence of venereal disease after this war as there was following World War I. It is essential, therefore, that every effort be made to hold the gains against these infections made before and during the present world-wide conflict.

"More widespread and effective measures are now employed against venereal diseases as a wartime menace than have ever existed before in the United States. These measures must be continued in the post-war period.

\* See pages 134, 143 in this issue of the JOURNAL OF SOCIAL HYGIENE.

**ANNUAL DINNER MEETING OF THE AMERICAN SOCIAL HYGIENE ASSOCIATION**

Dr. Ray Lyman Wilbur, president of the Association, addressing the annual dinner meeting held on February 3, 1944, at the New York Academy of Medicine. Seated, left to right, are: Major General Merritte W. Ireland; Dr. Hugh S. Cumming; Rear Admiral E. W. Read; Colonel C. M. Watson; Dr. Frank G. Boudreau.

"With the end of the war a rerudescence of "red light districts" and flagrant prostitution conditions in many places may be expected, unless we are very vigilant. Evidence at hand indicates that the racketeers who expect to profit from prostitution are now planning and fully expecting to reestablish their vicious traffic at the end of the war. They count on a slackening of law enforcement efforts. Only a thoroughly convinced and vocal public opinion can prevent such a backward step.

"It is reasonable to hope that the new discoveries, especially the modern intensive therapy of syphilis, and penicillin treatment of gonorrhea may make it possible, in the not too distant future, to bring venereal diseases under control. The Association can then turn to and emphasize other aspects of social hygiene. Education of youth regarding the place of sex in life—the socially and personally beneficial exercise of the reproductive instinct, in a word, the training of youth for happy marriage and satisfactory family life—is a long-range undertaking which will require for success the cooperation of educational institutions, churches and social welfare agencies of every description. As soon as possible after the war the Association should turn its principal attention to this undertaking.

"But in order to enjoy the privilege of participating in this future constructive work, the war must first be won. Hence, all our resources of money, strength and ingenuity are devoted now to helping assure full victory for the armed forces of the United States, and to mitigating the deleterious effects of war on young people. To help keep soldiers, sailors, marines, airmen at their battle stations and fit to fight and win, and to keep workers fit to produce the instruments of warfare, and to protect youth in wartime, are the present purposes of the American Social Hygiene Association."

In the medical sector of the social hygiene movement, Dr. Wilbur said, "We have learned to treat both syphilis and gonorrhea more effectively in the last decade than in all of the years before in human history. We are in one of these periods of medicine when we are able to destroy almost completely—if not completely—living organisms that have invaded the body and caused these and some other diseases. The results are particularly encouraging in the use of the sulfa drugs and penicillin in the treatment of the venereal diseases.

"It now becomes important to take on the mass treatment of the human carriers. Fundamentally, these venereal diseases are spread only by human carriers. If we can destroy all of the organisms in the bodies of these carriers, we can stop the spread of these diseases almost without limit.

"No real progress can be made, however, unless there is a general public understanding of just what the situation is—what must be done, and a willingness on the part of all concerned to join in the fight.

"At the bottom is the question of human conduct. We need

always to think in terms of the youth of the nation and of methods of teaching them the great values of good self-management and self-control, and of a wholesome, healthy family as the only sound basis for an enduring civilization."

It was pointed out that such voluntary agencies as the American Social Hygiene Association must continue and expand activities for promoting this general public understanding of the whole social hygiene program. The Association is constantly being asked by visitors or through correspondence to give information about scientific discoveries in the fields of medicine and public health and about information on improving our administrative procedures in the broad field of social hygiene.

Dr. Wilbur said, "The Committee on Arrangements thought that you would be interested in a half-hour's panel discussion of the problems of encouraging research in these directions and at the same time safeguarding the application of new methods which grow out of such research. You will find, as the second item on your program, the title 'Convoying New Methods from Discovery to Established Practice.' When we think of the human enemies against whom we are now fighting and of the brilliant planning and untiring teamwork which have gone into the United Nations' progress to date, we have a basis for comparison with what we can and must do in successfully fighting our disease enemies throughout the world. It is important that we should understand the necessity for convoying new methods, which are developing from discoveries in our scientific laboratories, clinical studies, and administrative experience, until we can successfully imbed them in established practice. By way of illustrating this concept and indicating the relationships of any new discovery to what has gone before and what may be expected to follow its incorporation in established practice, I think you will be interested in centering our discussion around penicillin."

The panel of speakers comprised: Dr. John F. Mahoney, Director, Venereal Disease Research Laboratory, U. S. Public Health Service; Rear Admiral Charles S. Stephenson, U.S.N.; Director Mark McCloskey, Office of War Community Services; Rear Admiral E. V. Reed, Chief Surgeon, 3rd Naval District, U.S.N.; Colonel C. M. Walson, Chief Surgeon, 2nd Service Command, U.S.A.; Major General James C. Magee (Retired), National Research Council; Dr. Frank G. Bondrean, Director, Milbank Memorial Fund. The members of the Association and guests found the discussion most interesting and informative. Requests were made for publication of the statements and comments of the participants; and it was agreed that the Editorial Board would be asked to take this matter up with the members of the panel and consider printing a symposium of the views expressed.

Dr. Wilbur then called upon Major General Merritte W. Ireland to present the Report of the Committee on Awards.<sup>1</sup> General Ireland explained that Surgeon General Parran, Chairman of the Committee,

<sup>1</sup> See Report of the Award Committee, page 140, and presentation of Life Memberships, pages 149-54.

was unable to attend because of his participation in the Puerto Rico Regional Conference. General Ireland then addressed Dr. Hugh S. Cumming, presenting to him the William Freeman Snow Award for Distinguished Service to Humanity.<sup>2</sup>

Dr. Cumming's remarks<sup>3</sup> were of deep interest to the members and friends present not only from the United States, but from the other member nations of the Pan American Union.

In closing Dr. Wilbur thanked the speakers, the Pan American Union, the Academy of Medicine, and other agencies for their participation in making the annual meeting most enjoyable and successful. He called attention to the New York Regional Conference to be held the next day (February 2nd) at the Pennsylvania Hotel, and suggested that all who could remain over would find it profitable to do so.

<sup>2</sup> See text of brochure facing the first page of this JOURNAL, and pp. 101-2.

<sup>3</sup> See text beginning pp. 103-6, this number of the JOURNAL.

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#### TRUE TODAY, AS WHEN WRITTEN

"What forces can now be put into play against the formidable evils which gravely threaten family life, human happiness, civilization in general, and the very life of the race? . . . It is clear that no one force or agency is to be exclusively relied on. All the uplifting forces of society must be simultaneously enlisted in this cause—state, church, school, college, industrial and charitable corporations, and both preventive and remedial medicine. . . ."

CHARLES W. ELIOT, *First President of the Association*

"The individual and his life and happiness are basic in any scheme of human welfare—if the height of human happiness is to be obtained, then every advantage must be taken of all that is known of health and relief from sickness. . . . It takes time, patience, education to make things better. . . . History tells us that we . . . can lose all that we have gained if we fail to follow the guidance of experience and fact. . . . Progress requires constant thought, planning and foresight."

RAY LYMAN WILBUR, *President Since 1936*

## NEW HONORARY LIFE MEMBERS

The Committee on Awards announced the election of three Honorary Life Members in recognition of their contributions to the advancement of social hygiene. These are Dr. Antonio Fernós-Isern of Puerto Rico, Dr. Enrique Villela of Mexico, Lieutenant Colonel Donald H. Williams of Canada.

In announcing these awards the Committee commented upon the wartime importance of teamwork among nations in combating the venereal diseases and related conditions favoring their spread. Reference was made to the constructive programs now being carried out by the Canadian Provinces and the States all along our Northern border from the Atlantic to the Pacific; and similarly between the Republic of Mexico and the United States along our southern border.

In relation to such encouraging examples of teamwork, the Committee commented on the strategic importance of work in this field of health conservation in Puerto Rico, which stands as an outpost of our mainland in the Caribbean Area. The selection of these three leaders and resourceful public health administrators at this time emphasizes the great opportunity which exists for united action based on Inter-American understanding and agreement upon the essentials of successful campaigns to stamp out syphilis and gonorrhea; and at the same time to protect the social health of the community, and provide education for home and family life.

The Committee felt that added emphasis would be given to this opportunity by presenting these awards during the Regional Social Hygiene Conference in Puerto Rico,\* which would be attended by delegates from other nations represented in the Caribbean Area, from the Panama Canal zone, from Mexico and other countries. Arrangements were made for Surgeon General Thomas Parran, Chairman of the Committee,\*\* to carry out this plan in San Juan, February 9th, 1944.

### REMARKS OF SURGEON GENERAL THOMAS PARRAN

*Ladies and Gentlemen:* It is my pleasure and privilege this evening, as Chairman of the Awards Committee, to present Honorary

\* Full details and illustrations will appear in the April JOURNAL OF SOCIAL HYGIENE.

\*\* The Award Committee for 1944: Surgeon General Thomas Parran, Chairman; General John J. Pershing, Sybil Neville Rolfe, Brigadier General F. F. Russell, Chancellor Ray Lyman Wilbur.

Life Memberships in the American Social Hygiene Association to Dr. Enrique Villela of Mexico and to Dr. Antonio Fernós-Isern of our own nation, and to announce a similar award *in absentia* to Lieutenant Colonel Donald H. Williams of Canada, who, owing to military necessity, cannot be present.

It has been the custom of our Association each year to make such awards on the occasion of its Annual Meeting or at Regional Conferences, for distinguished service in the advancement of social hygiene.

I am particularly happy that this year our Committee's choice falls upon men who have won recognition among their peers, but are still young men at the full tide of their scientific and administrative abilities.

At this time, when the maximum of military and civilian manpower is so vitally important, it is a matter for congratulation that the United States and its neighboring countries to the North and to the South are in agreement upon the major objectives and methods of a venereal disease program for our respective countries in this hemisphere.

Today in Puerto Rico, the outpost of our Nation in the Caribbean, it is fitting that we examine, in consultation with our distinguished visitors from the other nations concerned, the established program of the mainland and its applicability here, or reasons for its revision under conditions obtaining in this area. Discussion of this problem will be continued in an executive session tomorrow.

#### PRESENTATION TO DR. VILLELA

DR. ENRIQUE VILLELA: Known affectionately to your colleagues in Mexico as "Maestro"; known throughout our continent as a tireless fighter for social health; a pioneer in practical cooperative disease control measures along the common frontier between our two countries. Supported by President Avila Camacho and your Minister of Health, Dr. Gustavo Baz, you have demonstrated that two nations can create frontiers of health and can work together for the scientific advancement of each.

To those who heard you earlier today no words of mine can add to your stature as an ambassador of health.

It is in this spirit of recognizing your character and achievements that I present to you this Honorary Life Membership in the American Social Hygiene Association.

"DR. PARRAN: I have no words in which to express my deep thanks. I appreciate very much this honor which the American Social Hygiene Association has conferred upon me. I lack the merit to receive it, but I accept it for my country. It will be for me a great and valued incentive to continue my work with more and more courage. Again thank you!"

## PRESENTATION TO DR. FERNÓS-ISERN

DR. ANTONIO FERNOS-ISERN: Throughout your professional career you have devoted yourself without limit to advancing the health and welfare of the people. Distinguished as a physician, a health administrator, a statesman, one can even say you emulate the leading scientist-philosopher statesman in our history, Benjamin Franklin.

Your aggressive leadership in combating such underlying causes of ill health as malnutrition and poor housing, no less than your deep understanding of social hygiene and venereal disease control problems, has brought you the admiration of your colleagues throughout our nation, and among neighboring countries as well. In recognition of your participation in voluntary health conservation activities in our Nation and your services in behalf of Puerto Rico, the American Social Hygiene Association honors itself in conferring upon you Honorary Life Membership.

"GENERAL PARRAN: I consider it a very great privilege to receive this Honorary Life Membership in the American Social Hygiene Association. There are three things which are necessary to carry out a successful program in the control of venereal diseases: decision, knowledge, and inspiration.

"Decision, I have,—born out of my own free will.

"Knowledge, I should derive from your teachings.

"Inspiration, I should take from your own life work and from the splendid services you have rendered the nation as head of the Public Health Service.

"With all due respect to the Awards Committee, I do not consider myself entitled to this high distinction, but I take it as a challenge and shall do all in my power to attain the high merit through devoted services to the cause of the health of the people."

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ANTONIO FERNÓS-ISERN, M.D.

Medical biographers record for general reference the following:

FERNÓS-ISERN, ANTONIO, M.D.—Born at San Lorenzo, Puerto Rico. Son of Buenaventura Fernós-Isern and Dolores Isern Aponte. Christian.

Doctor of Medicine, College of Physicians and Surgeons, School of Medicine, University of Maryland—1915. General practice at Caguas—from 1915 to 1918. Cardiology—from 1934 to 1942 at San Juan.

Visiting Cardiologist, University Hospital and Consulting Cardiologist, Presbyterian Hospital.

Professor of Public Health, School of Tropical Medicine—from 1931 to 1937.

Public Health Officials are primarily interested in other facts about his career:

Health Officer, City of San Juan—1918 to 1919.

Chief, Bureau of Transmissible Diseases and Statistics of the Department of Health of Puerto Rico—1919.

Assistant Commissioner of Health of Puerto Rico—from 1919 to 1921; and from 1923 to 1931.

Commissioner of Health—1931-33; 1942-.

Educators refer to his having been:

Chief, Division of School Hygiene of the City of San Juan—1922 to 1923.

United States delegate to the Fifth Pan American Child Welfare Conference held at Havana, Cuba, in December—1927.

Chairman, Puerto Rico Child Welfare Board—from 1926 to 1933.

Member of various Sub-committees of the Third White House Conference for Child Protection, Washington, D. C.—1931.

Head Physician, FERA Nursery Schools—1935.

Sociologists and Welfare Agencies call attention to his services as:

Head of the Hurricane Relief Expedition to the Dominican Republic—1930.

Metropolitan Area Director, Civilian Defense—1942.

Executive Director, Food and General Supplies Commission of Puerto Rico—1942.

Administrators and Statesmen point to his periods of service as:

Acting Governor of Puerto Rico in 1943-44.

In common with all these groups the American Social Hygiene Association recognizes in this brief summary the qualities of executive ability and leadership which are so essential to the practical application of science and the humanities to better living.

As never before, the Mainland and this strategic island outpost of the nation are dependent on understanding and teamwork among officers and citizens for successful conduct of the war and promotion of permanent peace.

In both war and peace Puerto Rico can continue to contribute notably to the development of new and sound methods for attaining the maximum in health and well being of all our people. To translate such methods into nationwide action requires cooperation of federal, state and local governments and voluntary agencies.

#### DR. FERNÓS-ISERN



All through Dr. Fernós-Isern's education in the states, and his varied activities in Puerto Rico, he has kept in touch with and aided the social hygiene movement and other movements represented by organizations holding membership in the National Health Council.

In recognition of his participation in their voluntary activities for the common good, and his official services in behalf of Puerto Rico, the Committee on Awards is privileged to present to Dr. Ferós-Isern this Honorary Life Membership in the American Social Hygiene Association.

## ENRIQUE VILLELA, M.D.

*"He who bears in view  
The end from the beginning  
Invariably succeeds"*

This quotation from a famous Spanish writer well illustrates Dr. Enrique Villela's history. From the beginning of his medical career he has driven straight towards one goal to conquer the dangerous infections of syphilis and gonorrhea, deadly enemies of the health of his native land, Mexico, as they are of all other nations. The record shows:

He was born in Toluca, State of Mexico, February 4, 1901.

He attended high school in the Scientific and Literary School in the same city. He graduated as a doctor from the National University of Mexico in 1926, and subsequently received his diploma as an official Health Officer.

Since then he has devoted his activities to the fight against venereal diseases, serving first during fourteen years as Doctor of the Hospital "Moreles," the name by which is designated the hospital for venereal diseases, in Mexico; and during the last seven years as Chief of the Division of Venereal Diseases in the Department of Health, now promoted to the position of Secretary of Health and Assistance.

He is founder of the National Association of Venereology and of the Mexican Society of Dermatology; Professor of the Medical Clinic (female) in the School of Medicine of the University of Mexico; he belongs also to the American Public Health Association and to the American Neisserian Medical Society. Honorary professor of the School of Health of Mexico.

Always concerned with progress in the control of venereal diseases, he began to make known and to popularize the work of the Cooperative Clinic Group for the treatment of syphilis and the work of the American Neisserian Medical Society for the treatment of gonorrhea.

In 1941 he was empowered by the Governor of Mexico to travel over the frontier—jointly studying conditions together with representatives of the USPHS and of the Pan American Sanitary Bureau. As a result of the study of the above mentioned commissioned persons, plans for international cooperation were formulated in accordance with those developed previously in regard to venereal diseases along the frontier between both countries.

In 1940 when the plans and laws for the fight against venereal diseases, and for the repression of prostitution and of white slavery were to be discussed before the Federal Congress, he published a book having the necessary documentation with regard to the subject and this greatly assisted the passage of the bill.

His latest work in collaboration with

DR. ENRIQUE VILLELA



Dr. J. S. Spoto is entitled "Minimum Program for Anti-Venereal Dispensaries." It was published in 1943 by the office of the Pan American Sanitary Bureau.

He is editor of "Archivos Mexicanos de Venereo-Sifilis y Dermatología" and is a member of the editorial committee on Information Venereal Disease, a publication of the Pan American Sanitary Bureau for the promotion of the fight against venereal diseases in the Latin-American countries.

These facts present only a slender outline of Dr. Villela's efforts and achievements, which have played so large a part in the progress of venereal disease control in Mexico during the past fifteen years and which now permit the American Social Hygiene Association the honor of adding an illustrious name to its roster of Honorary Life Members. May our sister Republic long enjoy the results of Dr. Enrique Villela's loyal services, and may we of the United States continue to claim a share of the benefits growing out of his untiring industriousness, his searching knowledge and his long range vision.

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*The April Number of The Journal of Social Hygiene will include illustrations and full details of the Puerto Rico Regional Social Hygiene Conference.*

## SOCIAL HYGIENE DAY—1944

ELEANOR SHENEHON

*Director, Division of Community Service*

The call for Social Hygiene Day is a call to action—a call to move forward along the whole social hygiene front against those disruptive forces that threaten the well-being of the family—the family of today and the family of tomorrow. Its most characteristic observance is the community Social Hygiene Day meeting, a modern version, as has frequently been pointed out, of the early American Town Meeting that our ancestors knew. Allied with the meeting are the radio and the public press, carrying word of the campaign to listeners and readers everywhere. Social Hygiene Day is a day of assessment, of stock-taking: how far have we come and what have been our successes? Where do our next steps take us, and what are the difficulties to be surmounted along the way?

The answers to these questions on February 2nd, 1944 were not the same for every city and town in the country, because every city and town has its special problems. It is a healthy sign of public determination to face those problems that meetings have been held or planned in every state in the Union and in the Territorial and Insular outposts of the nation. Across our northern border, our good neighbor, Canada, gave thought to the same questions and pondered the answers in public meetings. Our good neighbor, Mexico, to the south, likewise has developed nationwide activities, and other nations of the Americas have held meetings or sent representatives to the Regional Social Hygiene Conference in the Caribbean Area, held in San Juan, Puerto Rico.

It would be impossible to mention in this brief report all the "populated places" that observed Social Hygiene Day. A recital of the names of only a few of them will paint a picture of this great country stretching from ocean to ocean, and from the pine-clad north to the south where palms grow: Boston, San Diego, Atlanta, Seattle, Philadelphia, Portland, Oregon and Portland, Maine; Cleveland, Omaha, El Paso, New York, Salt Lake City, Pittsburgh, Pocatello, Fort Wayne, Corpus Christi, Syracuse, San Francisco, Kansas City, Buffalo, Lincoln, Daytona Beach, Rochester, Cincinnati, Newark, Los Angeles, Washington, New Orleans, Harrisburg on the broad Susquehanna and Galveston on the Gulf of Mexico; New Brunswick,



## INVISIBLE...DANGEROUS...BUT VULNERABLE

Three million spirochetes could lodge together on the head of a pin. The spirochete is tiny, but a killer with a long record. For centuries this pale, corkscrew-shaped microbe—the cause of syphilis—has tormented the human race with insanity, paralysis, blindness, and death. (Today three and a half million Americans have syphilis; 500,000 new cases are reported yearly.)

In the midst of war, syphilis, and its companion plague, gonorrhea, sap the striking power of our armed forces, while down the production capacity of our civilian population.

The fight against these venereal diseases is everybody's business. With your help the damage they cause can be sharply reduced. More than that, the means are at hand for wiping them out within our time.

The spirochete and the gonococcus—the germ causing gonorrhea—are invisible, dangerous, but they are vulnerable. Once mysterious, few mysteries about these deadly micro-organisms now remain. Medical science has the weapons needed for their destruction—new drugs, improved laboratory tests, new techniques of treatment. With these weapons important gains have been made in the control of venereal infections. To expand these gains rapidly two things above all are needed—greater understanding by and cooperation of the public.

The fight against venereal disease must be a "combined operation" on the home front, in which there is participation by doctor, health officer, police official, city administrator, teacher, labor leader, minister, youth leader, business man, and by just plain John Q. Citizen. *The army, navy, and industry are counting heavily on community support of all measures needed to control venereal disease. You can start now. On February 2, 1944, take part in the observance of Social Hygiene Day.*

### A PROGRAM OF ACTION

Learn the facts about venereal diseases—their cause, means of spread, and cure. See that these facts are brought before the population in general through films, literature, exhibits, conferences, the press and radio.

Encourage the passage and enforcement of protective laws for the reduction of prostitution and the prevention of delinquency, especially in areas of concentrations of armed forces and war industry workers.

Urge provision of adequate facilities for diagnosis, treatment and isolation. Support the activities of your health and police departments and private health and welfare organizations, aimed at the control of venereal disease.

**VD DELAYS VICTORY**

★

**UNITE AGAINST VD**

## NATIONAL SOCIAL HYGIENE DAY

February 2, 1944

*This advertisement approved by THE AMERICAN SOCIAL HYGIENE ASSOCIATION  
is sponsored by*

**THE JUNIOR CHAMBER OF COMMERCE** and

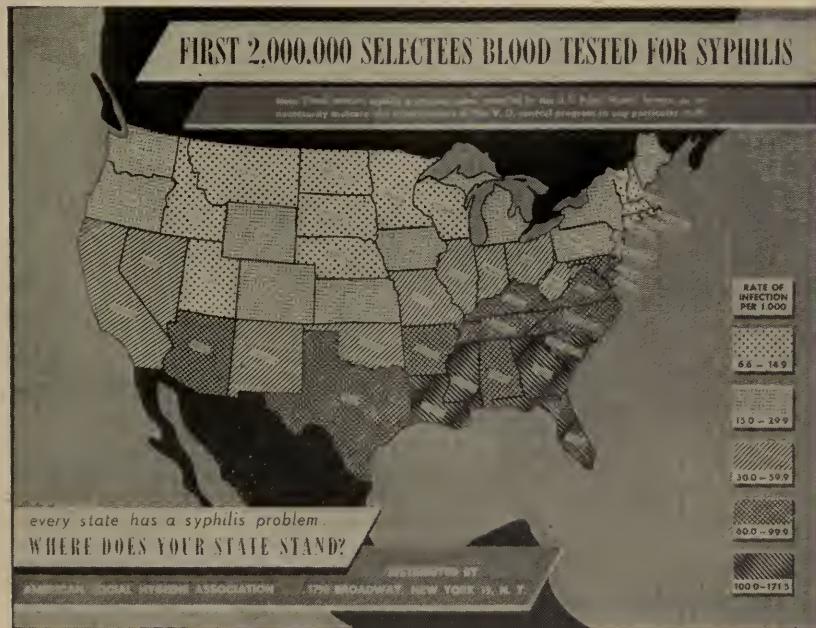
*this space contributed by* \_\_\_\_\_

### SOCIAL HYGIENE DAY NEWSPAPER ADVERTISEMENT

In cooperation with the American Social Hygiene Association, the United States Junior Chamber of Commerce undertook sponsorship of this advertisement to help promote interest in Social Hygiene Day. Through the efforts of local Junior Chambers of Commerce, the advertisement appeared in various newspapers throughout the country.

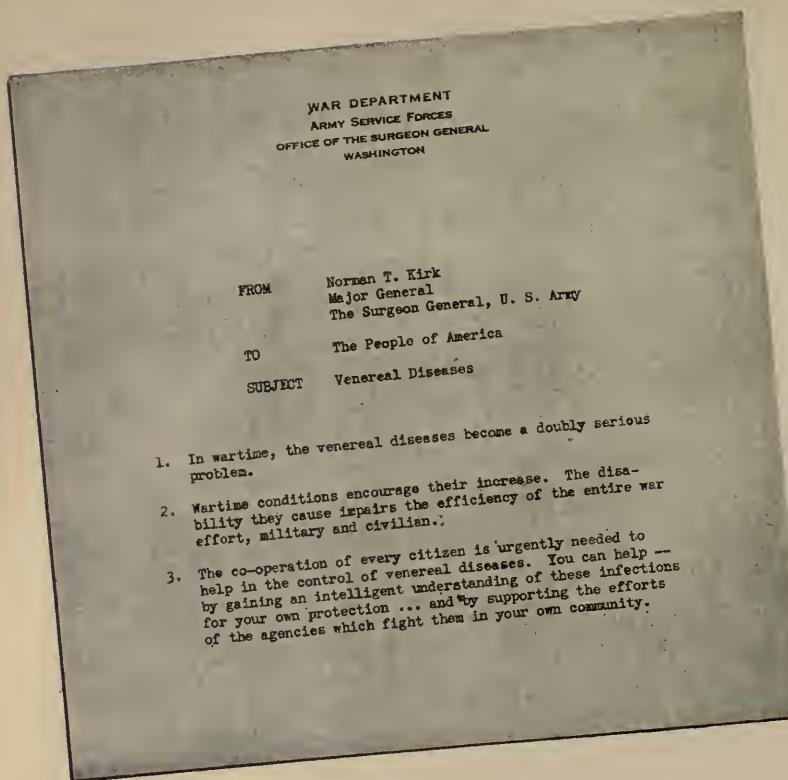
that tree-shaded eastern college town; Topeka, on the great plains of the middle west; Reno, where mountains and desert meet; Denver in the very heart of the mountains. Indianapolis, Minneapolis, St. Louis, Frankfort, Chattanooga, and Poughkeepsie. Fort Defiance, Arizona and Fort Smith, Arkansas. Sioux City, Iowa; Charleston, South Carolina; Vermillion in South Dakota and Rutland in Vermont. Winston-Salem, North Carolina, and Clovis, New Mexico. Kalama-zoo and Baltimore and Montgomery. Lae du Flambeau, Wisconsin and Worland, Wyoming. The list could go on almost indefinitely but the places named must stand for America. Names, many of these speak of our past and of the earliest waves of settlers on these shores. All one people now, these first-comers and those who followed them; fighting a war, doing a good job on the home front, planning a better world, resolving to make those plans come true.

Social Hygiene Day meetings and other observances in all these places—and many more—did not of course spring into being with the beautiful and apparently effortless inevitability of the wave of flowers that washes over the western desert with the first spring



SELECTEE MAP

This poster map, in two colors, was included in the kit of materials sent to sponsors of Social Hygiene Day activities.



### DO YOU KNOW THESE FACTS?

**Syphilis is Dangerous!** It is a contagious disease and may be contracted innocently.

If untreated, it can destroy health and mind. It can wreck marriages. It can cause disability among productive workers. Early symptoms may disappear, deceiving the victim into neglecting medical care. Then, sometimes years later, syphilis strikes.

**Syphilis is Curable!** The first step toward cure is the guidance of a reputable physician. Prompt, regular treatment cures most cases. *Delay reduces the chance of cure . . . self-treatment is worse than no treatment.* Medical science is continually searching

for improved methods of treatment. Just now, its attention is directed toward ways of safely shortening the period of treatment. Meanwhile, it is advisable to continue treatment over the longer period which is known to give excellent results.

"*The Facts About Syphilis*" is the title of a free booklet which Metropolitan will gladly send you upon request.

**Eighth National Social Hygiene Day** is being observed on Wednesday, February 2, 1944. The American Social Hygiene Association Headquarters, 1790 Broadway, New York 19, New York, will gladly send you literature and full particulars.

COPYRIGHT 1944—METROPOLITAN LIFE INSURANCE CO.	
<b>Metropolitan Life Insurance Company</b>	
(A MUTUAL COMPANY)	
Frederick H. Ecker, CHAIRMAN OF THE BOARD	
Larry A. Lincoln, PRESIDENT	
1 MADISON AVENUE, NEW YORK 10, N. Y.	
Metropolitan Life Insurance Company. 1 Madison Avenue, New York 10, N.Y. Please send me a copy of your booklet, <i>24-Q. "The Facts About Syphilis."</i>	
Name_____	
Street_____	
City_____	State_____

M. L. I. CO. PRESS—61500—PRINTED IN U.S.A.

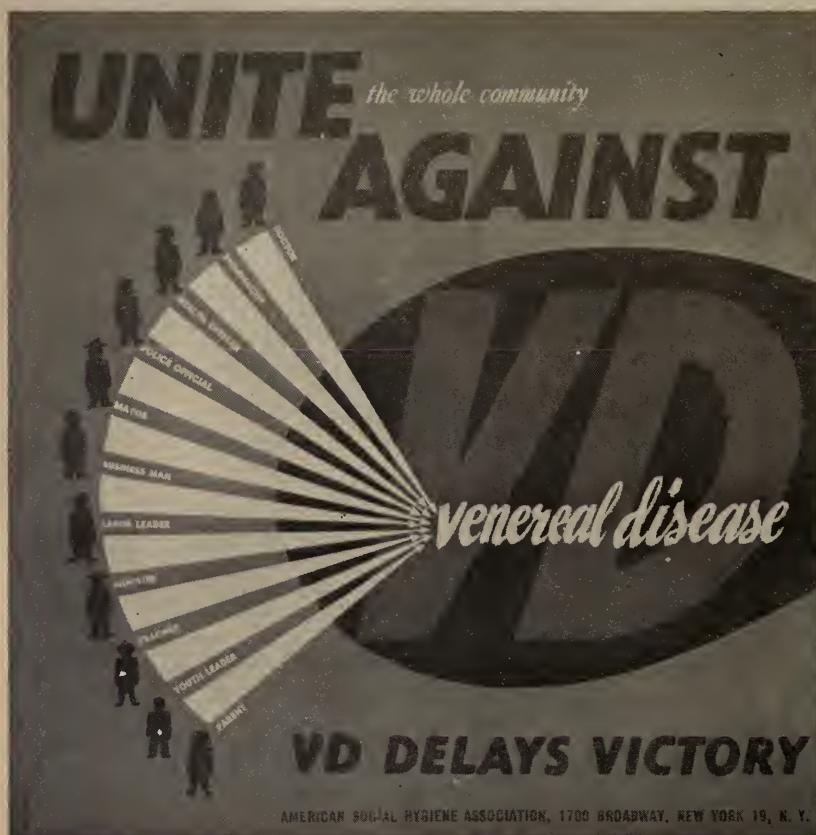
### NATIONAL ADVERTISING

Again in 1944 the Metropolitan Life Insurance Company devoted an advertisement to social hygiene. Appearing in nationally circulated monthly and weekly magazines during January, this advertisement helped stimulate interest in the fight against venereal disease, contributed to the success of Social Hygiene Day.

rain. They were the result of the hard work and careful planning of a great many men and women, of time and effort and money spent by a great many organizations. Federal agencies contributed able and distinguished speakers, printed materials to aid those organizing programs, gave wide publicity to the Social Hygiene Day effort. National voluntary agencies carried on during the Social Hygiene Day period with the good work that has had so much of their help and interest, giving space in their official publications to the project, contributing materials, distributing announcements and program aids to their members. Any list of such cooperating agencies should include the American Medical Association, the American Pharmaceutical Association, the Federal Council of Churches, the National Congress of Parents and Teachers, the Chamber of Commerce of the United States, the General Federation of Women's Clubs, the United States Junior Chamber of Commerce, the National Student Health Association, Kiwanis International, the National Woman's Christian Temperance Union, the National Society for the Prevention of Blindness, the Association of Junior Leagues of America, the National Organization for Public Health Nursing, the American Dental Association. Mention should here be made also of the aid given the project by the Metropolitan Life Insurance Company, which gave it publicity through its national advertising, and distributed literature concerning Social Hygiene Day to its representatives throughout the country.

In many of the states of the Union, February 2nd was officially designated as Social Hygiene Day by the governor. State Boards of health, State Junior Chambers of Commerce, State Tuberculosis and Health Associations, State Pharmaceutical Associations, State Medical Associations, State Federations of Women's Clubs, State Parent Teacher Associations gave the project their support. That the observance of Social Hygiene Day was so widespread is in part a tribute to the support given it by these and other state organizations.

When we come to the individual communities of the country the Social Hygiene Day picture grows more complex, with a very great variety and number of agencies sponsoring meetings, broadcasts, and other educational and informational programs. Social hygiene societies affiliated with the American Social Hygiene Association observed the Day generally. Health departments were active in the program, as were social protection committees, councils of social agencies, Junior Chambers of Commerce, settlement houses, churches, schools, and colleges, libraries, Indian agencies, service clubs, women's clubs,



## THREE COLOR POSTER

This poster, in red, black and white, was used in communities all over the country to attract attention to the meetings and conferences held in observance of National Social Hygiene Day.



parent-teacher associations. Mayors issued proclamations concerning the Day. Meetings, from big regional conferences to smaller group gatherings grew in number beyond the numbers of other years. Newspapers blossomed forth with editorials, news and feature stories, photographs and cartoons. Posters and placards appeared on walls and in shop windows. New projects were launched and older programs were strengthened. It is difficult to estimate the number of persons reached by all these activities in the home towns of America but it must in the grand total be very large. Limitations of printing and paper permit only a few illustrations from the interesting and constructive programs carried out this year.

The call for Social Hygiene Day was a call to action—a call to the people to conserve our freedom and our way of life and to defeat all opposing forces. The people heard that call—there is good reason to believe that they heeded its message. February 2, 1944 is now just another date in social hygiene history. Such dates are quickly forgotten, but the events that made them important at the moment are not lost in the evermoving stream of time. Carried on down that stream into a future that we cannot now clearly foresee will be the interest and the enthusiasm, the plans and the determination engendered on this one winter, wartime day.



## EDITORIAL

### “LOOKING BACKWARD”—AND FORWARD

The American Social Hygiene Association began officially in September, 1913, in Buffalo, N. Y., when President Charles W. Eliot of Harvard University called for a vote to merge the American Federation for Sex Hygiene and the American Vigilance Association; and agreed to serve as the first president during the early years of growth and development. That date may well be considered the starting point of “Social Hygiene Day” as it is now observed in every part of the Union. The reports and articles in this number with illustrations of the past year’s progress and outlines of programs for the current year, concern this latest link in the long chain of annual conferences from which we derive great satisfaction by looking backward over the permanent gains, and from which we may look forward with confidence to greater gains in future years.

The Editorial in the December Journal referred to plans for Social Hygiene Day February 2, 1944, and indicated that necessarily in these wartimes great emphasis must be placed upon “Venereal Diseases—The Target for Today.” This has been true of the recent programs; but in the long series of annual meetings and intervening activities this phase of the whole program is shown in proper perspective.

The Constitution states that “The purpose of this Association shall be to acquire and diffuse knowledge of the established principles and practices and of any new methods, which promote or give assurance of promoting, social health; to advocate the highest standards of private and public morality; to suppress commercialized vice, to organize the defense of the community by every available means, educational, sanitary, or legislative, against the diseases of vice; to conduct on request inquiries into the present condition of prostitution and the venereal diseases in American towns and cities; and to secure mutual acquaintance and sympathy and cooperation among the local societies for these or similar purposes.”

The Board of Directors has never deviated from the course laid down by this declaration of purpose. Early in the

experience of the members it became evident that to attain these objectives and to secure "mutual acquaintance and sympathy and cooperation" the advocated "principles and practices and new methods" must be fully correlated with, and must support the Nation's larger program of protection and conservation of family life. It was demonstrated that public health and social health were interdependent, and not in conflict with "the highest standards of private and public morality." The Constitution which President Eliot, James Cardinal Gibbons, John D. Rockefeller, Jr., Grace M. Dodge, Major Henry Lee Higginson, Jane Addams, David Starr Jordan, and Charter Members of the Association approved has stood the test of time.

The twenty-nine volumes of the Journal of Social Hygiene and the innumerable reprints and special pamphlets and the books published by the Association record the evidence of progress in this field. The Association was incorporated in the Spring of 1914 and the Annual Meetings came to be held in February. This Annual meeting was divided into two sessions: (1) a general conference of members and other interested citizens for discussion of "established principles and practices and of any new methods,"—knowledge of which was worthy of being disseminated and applied; and (2) a business session for completing the corporate business of the Association. As public interest and the membership grew, there were increasing demands for these meetings—especially the general conference sessions—to be held in various cities or in connection with Conventions of other national organizations. This plan was carried out, for a period of years, through joint meetings with affiliated state or local societies or national cooperating associations. Subsequently after careful study it was decided to try the experiment of holding the business session at the national office, following a series of simultaneous regional conference sessions in selected cities and states, arrangements being made to send members of its own Officers, Board of Directors, and Staff to take part in the regional programs.

Social Hygiene Day, as the date for this form of national annual meeting has come to be named in news and editorials, has steadily developed to its present importance as a means of public information and stimulation of further community planning and action in social hygiene and related fields.

Looking backward over the years one may find many occa-

sions when "the setting of the stage"\*\* made possible sudden and great advances. Looking forward one may expect to see similar advantage taken of changing conditions which permit periods of rapid progress. However, in the future as well as in the past, it will undoubtedly be found that the greatest factor in permanent gains is patient, persistent, resourceful work of official and voluntary agencies which carry on a balanced program from day to day. Social Hygiene Day in 1944 has reaffirmed the determination of the American people to stamp out syphilis and gonorrhea as dangerous communicable diseases, and at the same time to protect the social health of the Community and provide education for home and family life. These are sound objectives attainable with the support of home, church, school and all community forces. By united action of these forces, it will be possible in due course for the Nation to write "mission accomplished."

\*In 1887 Edward Bellamy based his challenging novel, "Looking Backward", on a prophecy of social conditions in the year 2000. He had been deeply stirred by what he termed "the prodigious moral and material transformation of the end of the nineteenth century." He said "All thoughtful men agree that the present aspect of Society is portentous of great changes." He wrote his book "in the belief that the Golden Age lies before us and not behind us, and is not far away." "Our children will surely see it" he said, "and we, too, who are already men and women, if we deserve it by our faith and our works."

"What is the teaching of history" asked Professor Bellamy, "but that great national transformations, while ages in unnoticed preparation, when once inaugurated are accomplished with a rapidity and resistless momentum proportioned to their magnitude, not limited by it?" "On no other stage are the scenes shifted with a swiftness so like magic, as on the great stage of history when once the hour strikes."

"The question is not, then, how extensive the scene-shifting must be to set the stage—but whether there are any indications that a social transformation is at hand."

In this field at least, the past fifty-six years since "Looking Backward" was published, and the present indications of social transformation give encouragement that the Golden Age lies before us. In the next fifty-six years before we reach the year 2000, by our faith and our works we should be able to write "mission accomplished" to all these tasks of social hygiene.

# Journal of Social Hygiene

Proceedings of the Puerto Rico Regional Conference  
on Social Hygiene

## CONTENTS

Introduction . . . . .	165
Proceedings	
Morning Session: The National Campaign for Venereal Disease Control in Wartime . . . . .	174
Luncheon Session: The Americas Go Forward Together . . . . .	191
Afternoon Sessions: Puerto Rico Does Her Part in the Fight	
Group I. Knowledge Is a Strong Weapon . . . . .	202
Group II. Medical Diagnosis and Treatment Are Strong Weapons . . . . .	208
Group III. Good Laws and Law Enforcement Are Strong Weapons . . . . .	224
Group IV. Youth Has Priority . . . . .	233
Evening Session: The Nations Unite for Victory over Venereal Disease . . . . .	250
Resolutions Presented by the Conference Committee on Resolutions . . . . .	264
Greetings and Messages Received from the Other American Republics . . . . .	267

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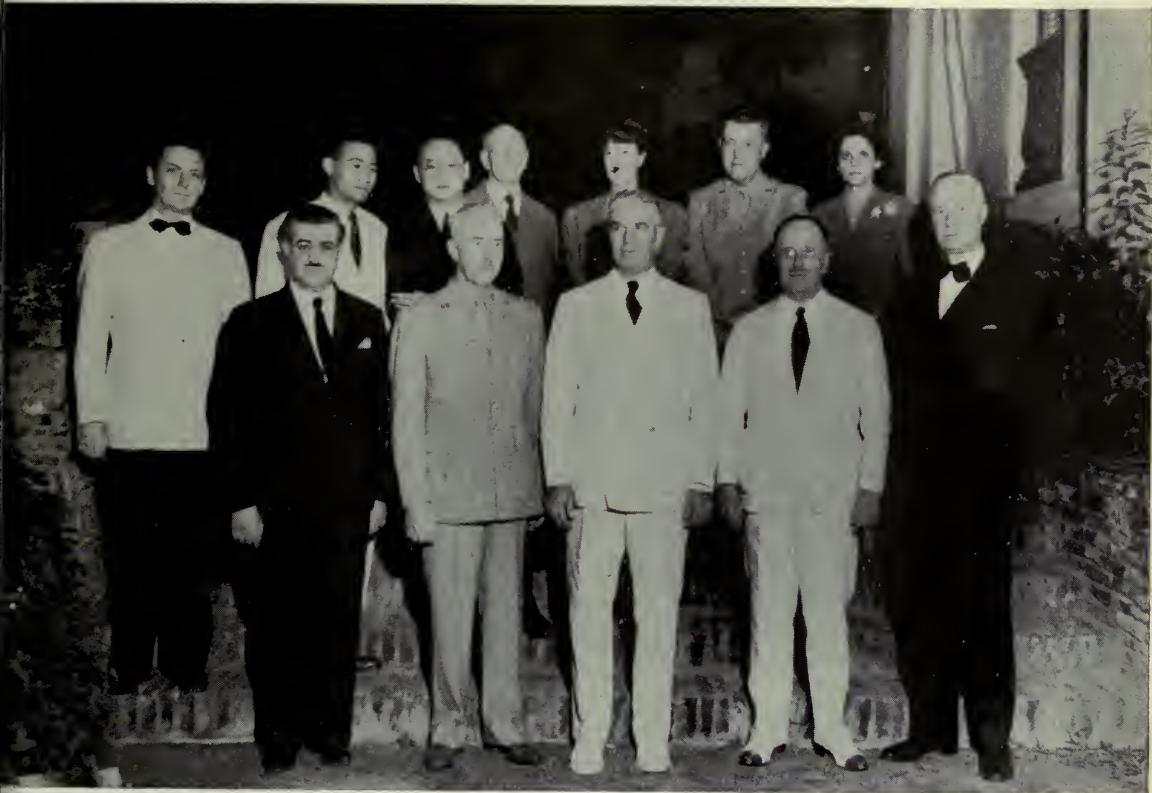
W. F. HIGBY, *Field Consultant*.



Mr. Thoron, Mrs. Tugwell, Governor Tugwell,  
Mr. Luis Munoz Marin

## PUERTO RICO REGIONAL CONFERENCE ON SOCIAL HYGIENE

At the reception given at La Fortaleza by Governor and Mrs. Rexford G. Tugwell on the evening of February 8 in honor of Mr. Benjamin W. Thoron, Director of Territories and Island Possessions, Department of the Interior, Washington, D. C., and Conference delegates and guests.



Left to right, back row: Eliot Ness, Director, Division of Social Protection, Washington, D. C.; Dr. Felix Laraque, of the Bureau of Health, Haiti; Dr. Donald Huggins, in Charge Venereal Disease Control, Health Services of Trinidad; Dr. William F. Snow, Chairman of the Executive Committee, American Social Hygiene Association; Mrs. Tugwell; Dr. R. A. Vonderlehr, Director, District No. 6, U. S. Public Health Service, San Juan; Miss Rafaela Espino, Executive Secretary, Puerto Rico Committee of Social Protection. Front row: Dr. Enrique Villela, Chief, Venereal Disease Control, Department of Health, Republic of Mexico; Dr. Thomas Parran, Surgeon General, U. S. Public Health Service; Governor Tugwell; Dr. A. Fernós Isern, Conference Chairman, and Health Commissioner of Puerto Rico; Sir Rupert Briercliffe, C.M.G., Medical Advisor to the Comptroller for Development and Welfare to the West Indies, Medical Advisor for Great Britain, Anglo-American Caribbean Commission.



Maj. Gen. Stayer and  
Maj. Gen. Shedd



Dr. Villela, Miss Jean Pinney, Sir Rupert Briercliffe, Miss Alice Miller, Dr. Huggins



Gov. Tugwell, Bishop A. J.  
Willinger and Bishop James P.  
Davis

THE PEOPLE OF PUERTO RICO  
Office of the Executive Secretary

Administrative  
Bulletin  
No. 875.

San Juan, P. R., February 2, 1944.

BY THE GOVERNOR OF PUERTO RICO  
A PROCLAMATION  
Social Hygiene Day

**Whereas**, the venereal diseases syphilis and gonorrhea, despite the great progress made in their control, remain serious health problems among the people, and a leading cause of absence from duty among the armed forces;

**Whereas**, the President of the United States has called for "united effort for the establishment of total physical and moral fitness for the freedom we cherish";

**Whereas**, National Social Hygiene Day has been designated as an occasion for renewed attack on the venereal diseases and conditions which favor their spread, by means of wide-spread public and education; and

**Whereas**, the Department of Health of Puerto Rico, the Puerto Rico Committee on Social Protection and other Insular agencies which are carrying on a continuous campaign against these diseases and conditions, will sponsor a Regional Conference on Social Hygiene in San Juan on February 9, 1944, in which the American Social Hygiene Association, the United States Public Health Service, the Division of Social Protection, the Army, Navy and other Federal agencies and distinguished guests from the mainland and the Caribbean area will join,

**Now, Therefore**, I, R. G. Tugwell, Governor of Puerto Rico, do proclaim the ninth day of February, 1944, as Social Hygiene Day in Puerto Rico, and call upon the people of the Island to "Unite Against Venereal Disease", to hasten victory in health, both in war and in the peace to come.

In Witness Whereof, I have hereunto set my hand and caused to be affixed the Great Seal of Puerto Rico at the City of San Juan, this 2nd day of February, A.D. nineteen hundred and forty-four.

[Seal]

R. G. TUGWELL,  
Governor.

Promulgated according to law, February 2, 1944.

E. D. BROWN,  
Executive Secretary.



"FIGHT SYPHILIS AND GONORRHEA . . . CELEBRATE SOCIAL HYGIENE DAY"

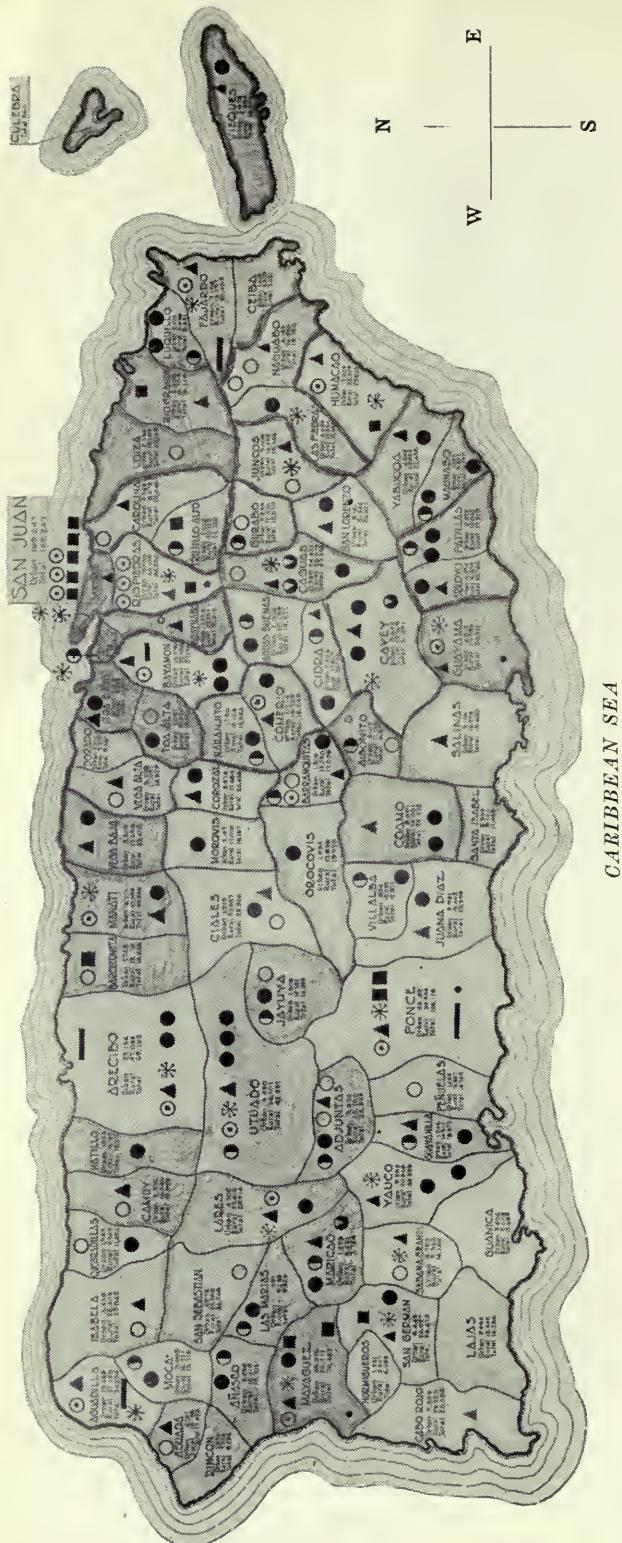
Four hundred copies of this placard, 11 x 14 inches, designed by Dr. Tomas Blanco and produced in three colors by silk-screen process in the Bureau of Health Education, Puerto Rico Department of Health, advertised the evening session of the Regional Conference. The placards were distributed by Boy and Girl Scouts to stores, theatres, libraries, waiting-rooms, and other public places.

*The photographs of Conference guests which accompany the Proceedings, except as otherwise indicated, are by the photographic staff of PUERTO RICO ILUSTRADO and EL MUNDO*

*The small photographs of Puerto Rico places and people, unless otherwise stated, are from the private collection of Miss Jean B. Pinney*

THE ISLAND OF PUERTO RICO

ATLANTIC OCEAN



**MAP from the Insular Department of Health, Showing District and Community Health Services**

- ◎ Medical-Social Workers  
 ■ District Hospitals  
 □ T.B. Hospitals  
 ○ T.B. Preventoria  
 ● V.D. Isolation Hospitals  
 ▲ Headquarters—Public Health Units  
 ▨ Sub-Units—Urban  
 ▨ Rural Sub-Units (Closed last year)  
 ▨ Rural Sub-Units (Operating last year)  
 { All operating this year  
 { Sanitation and Charity Physicians  
 ★ T.B. Dispensaries

# Journal of Social Hygiene

VOL. 30

APRIL, 1944

NO. 4

## Proceedings of the Puerto Rico Regional Conference on Social Hygiene



### INTRODUCTION

The Regional Conference on Social Hygiene at San Juan, Puerto Rico, February 9-10, 1944, was one of about 18 such events held in the United States and Canada in observance of National Social Hygiene Day, which is sponsored each year by the American Social Hygiene Association during the month of February for the purpose of promoting wider understanding of and stronger support for the campaign against venereal diseases. This campaign becomes more than ever important in connection with the war effort, and the 1944 Social Hygiene Day events of special significance.

In this nation-wide observance every state in the Union, as well as the territories, and insular outposts, take part. Aside from the Regional Conferences in large cities such as New York, Boston, Philadelphia, Chicago, St. Louis, Omaha, New Orleans and in the Southwest and Far West, literally thousands of community and group meetings are held in smaller cities and towns, and in rural areas. Numerous radio programs and special showings of social hygiene films carry information to their respective audiences. News-

papers and magazines contribute many columns of space for editorials, feature stories and news. Every known means is used to tell the public the facts about syphilis and gonorrhea and the fight against them, to the end that more people may know how to protect themselves against these diseases and what to do if infection occurs, and that strong community action may be organized to advance social hygiene objectives generally.

Each year, Puerto Rico has taken an active part in Social Hygiene Day, and in the autumn of 1943, the Board of Directors of the American Social Hygiene Association accepted an invitation from Governor Rexford G. Tugwell, Health Commissioner Dr. A. Fernós Isern and Medical Director R. A. Vonderlehr, Director of U. S. Public Health Service District Number 6, to hold a Regional Conference on the Island in observance of 1944's Social Hygiene Day.

It was proposed that the sessions occupy two days, the first day to be given over to general and group meetings to which the public would be invited, and an Executive Session to be held on the second day, for discussion of further efforts to meet needs revealed by the Conference, particularly as related to administrative methods of venereal disease control and repression of prostitution in the Caribbean Area.

Aside from the general objective of calling public attention to the campaign against syphilis and gonorrhea, it was believed that the meetings might stimulate:

1. Public support for new legislation proposed for introduction in the 1944 Puerto Rican legislature;
2. Stronger and more effective teamwork and action through organized groups in Puerto Rico.
3. Increased cooperation among the countries of the Caribbean Area.

With the Puerto Rico Committee on Social Protection, organized in October, 1943, as chief local sponsor, and with cordial and vigorous cooperation from every side, the two-day series of meetings was held on February 9 and 10, as reported in the *Proceedings* which appear here. For convenient reference for those who attended and for the information of the many others who have expressed interest, a summarized program, with various facts concerning the Conference background, development and participants, is also included.\*

The results of such a Conference are best measured in years to come, but some effects were apparent even before the sessions began, and other developments which occurred during the meetings and

\* Readers desiring further details are invited to address the Committee on Social Protection, Santurce, Puerto Rico, or the American Social Hygiene Association, 1790 Broadway, New York 19, N. Y.

soon after indicate that real progress has already been made toward the objectives suggested. Among these were:

The splendid cooperation of the Puerto Rican press and radio in the weeks previous to the Conference, as well as the excellent coverage given the actual events (see opp. page 237), helped to arouse new public interest and added to public knowledge.

Active participation brought to many of the 58 insular and community agencies which joined with the Committee on Social Protection and the other principal "auspice agencies" in sponsorship of the Conference (see page 168), a new concept of the opportunities for progress through united action in the social hygiene field.

The Committee itself, taking note of needs brought out in the Conference talks and discussions, and as recorded in the Resolutions adopted (see pages 264-8) was able to chart its course for future work to advantage, and with assurance of the approval and cooperation of other agencies.

The vigorous Conference discussion of practical community measures for prevention and control of syphilis and gonorrhea, including laws and law enforcement, did much to prepare the way for adoption of new and needed legislation by the Puerto Rico Legislature in its session which opened February 15th.

Best of all, the Conference forged another link in the chain of united effort in the Western Hemisphere for the better health of its peoples, and marked especially another advance in the conquest of the venereal diseases in the Caribbean Area.

The JOURNAL OF SOCIAL HYGIENE takes pleasure in devoting this issue to the *Proceedings* of the Conference, and thanks all who have joined in preparing this permanent record.

JEAN B. PINNEY, *Editor*

PUERTO RICO WORLD JOURNAL — SATURDAY, JANUARY 29, 1944. 3

## Health Group Maps Out VD Legislative Action

**Approves Drafts Of Bills To Combat Social Scourge Here**

**Medidas contra venéreas someterán a Legislatura**

**Comité de Protección Social reunido ayer aprobó proyectos recomendados por Conferencia sobre Higiene Social**

**VD Measures Before House**

**Caribbean Conference Adopts Health Plan Along Similar Lines Of Insular Program**

**By LESTER HIGGINS  
(World Journal Staff Writer)**

**Endorsement of Repressive VD measures was given before the Insular American Club Health Service by Dr. R. A. Ladrillero, Director of the U. S. Public Health Service in Puerto Rico. From left to right: The representative of the House of Representatives, Dr. Luisito Figueroa, chairman of the**

**"I am happy to report that the ad-**

NEWSPAPER NOTICE OF LEGISLATIVE PROGRAM

## REGIONAL CONFERENCE ON SOCIAL HYGIENE

San Juan, Puerto Rico, February 9, 1944

*under the auspices of*

The Puerto Rico Committee on Social Protection

The Health Department of Puerto Rico

The Division of Social Protection, Federal Security Agency

The United States Public Health Service

The American Social Hygiene Association

*with the cooperation of*

Medical Corps, U. S. Army, Antilles Department

Medical Corps, U. S. Navy, Tenth Naval District

*and*

Fifty-eight Sponsoring Agencies

Club Altrusa

Community War Services

Asociación Americana de Trabajadores Sociales—Capítulo de Puerto Rico

Club Rotario

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Defensa Civil de Puerto Rico

Asociación de Enfermeras de Puerto Rico

Departamento de Educación

Asociación de Iglesias Evangélicas de Puerto Rico

División de Bienestar Público del Departamento de Sanidad.

Asociación de Maestros de Puerto Rico

Escuela de Medicina Tropical

Asociación de Mujeres Graduadas de la Universidad de Puerto Rico

Farm Security Administration

Asociación de Salud Pública

Federación de Comerciantes de Puerto Rico

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Federación Libre de Trabajadores de Puerto Rico

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Hospital de la Universidad

Asociación Pro Salud Maternal e Infantil

Junta de Bienestar Público

Ateneo Puertorriqueño

Junta de Planificación, Urbanización, y Zonificación de Puerto Rico

Caballeros de Colón de Puerto Rico

Junta Vocacional Para Ciegos Adultos

Cámara de Comercio de Puerto Rico

Legión Americana

Colegio de Abogados de Puerto Rico

Leones Internacionales

Colegio de Cirujanos Dentales de Puerto Rico

Liga Cívica Reformista

Colegio de Trabajadores Sociales de Puerto Rico

Liga Insular de Asociaciones de Padres y Maestros

Colegio de Farmacéuticos de Puerto Rico

Niñas Escuchas de Puerto Rico

Compañía de Fomento de Puerto Rico

Niños Escuchas de Puerto Rico

Congreso del Niño

Club Optimistas de San Juan

Confederación General de Trabajadores de Puerto Rico

Puerto Rico Nutrition Committee

Club Cívico de Damas

Servicio de Extensión Agrícola de la Universidad de Puerto Rico

Club de Damas de la Y.M.C.A.

Sociedad Para Evitar la Tuberculosis en los Niños

Comisión de Seguridad Social

Sociedad Para Evitar la Mendicidad

Comité Auxiliar de Damas de la

Sociedad Para la Protección y Defensa del Niño

Asociación Médica de Puerto Rico

Sociedad Puertorriqueña de Periodistas

Universidad de Puerto Rico

United Service Organizations

Young Men's Christian Association

OFFICERS AND PROGRAM COMMITTEE FOR THE  
CONFERENCE

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HIS EXCELLENCY REXFORD G. TUGWELL  
Governor of Puerto Rico

*Chairman*

DR. A. FERNÓS ISERN  
Health Commissioner of Puerto Rico

*Secretary*

MISS JEAN B. PINNEY  
American Social Hygiene Association

*Program Committee*

*Chairman:* CONRAD VAN HYNING, Regional Director, Community War Services,  
Federal Security Agency

MEDICAL DIRECTOR R. A. VONDERLEHR, Director District No. 6, U. S. Public  
Health Service

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LT. COM. FRANK W. REYNOLDS, MC-USNR, V. D. Control Officer, Tenth Naval  
District

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DR. ERNESTO QUINTERO, Chief, Venereal Disease Control, Health Department of  
Puerto Rico

MRS. DOLORES DE LA CARO, Chief, Bureau of Medical Social Services, Health  
Department of Puerto Rico

*In charge of Exhibits*

DR. TOMÁS BLANCO AND MISS ALICE H. MILLER

*In Charge of Radio Program*

MR. FRANCISCO ACEVEDO

## SUMMARY PROGRAM

(for details of programs see *Proceedings of sessions*)

**Theme:** "Unite against Venereal Disease . . . VD Delays Victory . . ."

**Morning Session—9 A.M.: School of Tropical Medicine**

**Subject:** *The National Campaign for Venereal Disease Control in Wartime*

**Presiding:** DR. A. FERNÓS ISERN, *Insular Commissioner of Health and Chairman of the Conference*

**Speakers:** MAJOR GENERAL M. C. STAYER, MC-U. S. Army; LIEUTENANT COMMANDER FRANK W. REYNOLDS, MC-USNR, U. S. Navy; MEDICAL DIRECTOR R. A. VONDERLEHR, U. S. Public Health Service; ELIOT NESS, Division of Social Protection; DR. WILLIAM F. SNOW, American Social Hygiene Association

Luncheon Session Hotel Condado 1 P.M.

**Subject:** *The Americas Go Forward Together*

**Presiding:** SIR RUPERT BRIERCLIFFE, C.M.G., *Anglo-American Caribbean Commission*

**Speakers:** DR. CHARLES E. SHEPARD, *Office of the Coordinator of Interamerican Affairs*; DR. ENRIQUE VILLELA, *Republic of Mexico*

*Introduction of distinguished guests from the Caribbean Area and from the other American republics*

Afternoon Sessions 3 P.M. School of Tropical Medicine

Group Sessions

**Subject:** *Puerto Rico Does Her Part in the Fight*

Group I: *Knowledge Is a Strong Weapon*

Group II: *Medical Diagnosis and Treatment Are Strong Weapons*

Group III: *Good Laws and Law Enforcement Are Strong Weapons*

Group IV: *Youth Has Priority*

General Session 4:30 P.M.

**Presiding:** DR. FERNÓS ISERN

Reports of Group Chairmen or Secretaries

Resolutions

Conference Summary: DR. SNOW

Evening Session 8:30 P.M. Central High School Auditorium

*Music by Army Band and by the University of Puerto Rico Chorus*

**Subject:** *The Nations Unite for Victory over Venereal Disease*

**Presiding:** DR. CARLOS MUÑOZ MCCORMICK, *Puerto Rico Medical Association Presentation of Honorary Life Memberships in the American Social Hygiene Association to DR. FERNÓS ISERN and DR. ENRIQUE VILLELA of Mexico, by SURGEON GENERAL THOMAS PARRAN, Chairman ASHA Committee on Awards, and responses by the recipients.*

**Speakers:** DR. FERNÓS ISERN

SURGEON GENERAL PARRAN, U. S. Public Health Service

## FACTS ABOUT THE CONFERENCE

### *Program participants:*

50 persons served as Chairmen of sessions, speakers, or discussants, or in some connection with the organization and presentation of the program. As indicated by the program, leading medical, health, welfare and law enforcement authorities and officials from both Puerto Rico and the mainland contributed time and thought to the meetings. Distinguished guests, including those from continental United States, the Caribbean Area, and the other American Republics included:

SURGEON GENERAL THOMAS PARRAN United States Public Health Service, Washington, D. C.	CAPTAIN STIRLING S. COOK Medical Officer in Charge, Tenth Naval District, U. S. Navy De- partment
DR. WILLIAM F. SNOW Chairman, Executive Committee, American Social Hygiene Associa- tion, New York	DR. CHARLES E. SHEPARD Director, Training and Education Office of the Coordinator of Inter- American Affairs, Washington, D. C.
MR. ELIOT NESS Director, Division of Social Protec- tion, Federal Security Agency, Washington, D. C.	DR. KNUD KNUD-HANSEN Commissioner of Health, St. Thomas, Virgin Islands
SIR RUPERT BRIERCLIFFE, C.M.G. Medical Advisor to the Comptroller for Development and Welfare of the West Indies; Medical Advisor for Great Britain, Anglo-American Caribbean Commission, Barbados, British West Indies	DR. LUIS F. THOMEN Assistant Secretary of Health, Dominican Republic, and repre- senting the Pan American Sanitary Bureau
DR. DONALD HUGGINS In charge of Venereal Disease Con- trol for Trinidad Health Services, British West Indies	MR. MANUEL M. MORILLO Consul to the Dominican Republic
DR. ENRIQUE VILLELA Chief, Venereal Disease Control, Department of Health, Republic of Mexico	DR. FELIX LARAQUE Representing the Director General of Health of Haiti
MAJOR GENERAL M. C. STAYER, MC Surgeon, Caribbean Defense Com- mand, U. S. Army, Panama	DR. F. MARTINEZ RIVERA Representing the Secretary of Health of Costa Rica
MAJOR GENERAL WILLIAM E. SHEDD Commandant, Antilles Department, U. S. Army	MR. J. HERNÁNDEZ USERA Consul to El Salvador
COLONEL CLYDE C. JOHNSTON, MC Department Surgeon, Antilles De- partment, U. S. Army	MR. JUAN ANTONIO IRAZUSTA Consul to Colombia
MAJOR DANIEL C. BEROSMA, MC Venereal Disease Control Officer, Caribbean Defense Command, U. S. Army, Panama	MOST REVEREND JAMES P. DAVIS, D.D. Catholic Bishop of San Juan
	RT. REV. MSGR. RAFAEL GROVAS Diocesan Chancellor, Catholic Church, San Juan
	MOST REVEREND A. J. WILLINGER, C.S.S.R., D.D. Catholic Bishop of Ponce
	BISHOP CHARLES B. COLMORE Episcopal Bishop of San Juan

### *Program distribution:*

5,000 programs were printed and distributed in advance of the Conference through the sponsoring agencies and other channels.

*Attendance:* 1,000.

### *Exhibits:*

2,000 pieces of literature from the U. S. Public Health Service, the American Social Hygiene Association and the Insular Department of Health, were taken away by conferees. The display of posters, charts and other graphic materials arranged by Miss Miller and Dr. Blanco, received many compliments. Conferees were especially interested in the poster brought by Dr. Villela from Mexico, which was the prize-winnig entry in a contest sponsored by the Mexican Anti-Venereological Society.

## EXAMPLES OF SPONSORING AGENCY COOPERATION

LETTER SENT TO HOME DEMONSTRATION AGENTS THROUGHOUT  
PUERTO RICO BY THE AGRICULTURAL EXTENSION SERVICE

COOPERATIVE EXTENSION WORK  
IN  
AGRICULTURE AND HOME ECONOMICS  
PUERTO RICO

*College of Agriculture  
and Mechanic Arts of the  
University of Puerto Rico  
U. S. Department of Agriculture  
Cooperating*

*Extension Service  
Río Piedras, Puerto Rico  
19 de enero de 1944*

Memorandum #1

### OFFICE OF HOME DEMONSTRATION WORK.

#### A LAS AGENTES DE DEMOSTRACION DEL HOGAR Y AGENTES AGRICOLAS:

El día 9 de febrero es el día fijado para la celebración del "Día de Higiene Social" en Puerto Rico. Como en otros años, el Servicio de Extensión Agrícola cooperará con las Agencias de Salud Pública federales e insulares en la celebración de este día, contribuyendo a que la población rural de Puerto Rico recibá el mayor beneficio de la campaña contra este enemigo público—las enfermedades venéreas.

Hoy más que nunca necesitamos que tanto la población civil, como las fuerzas armadas se mantengan en el mejor estado de salud. Por lo tanto es necesario que ustedes dediquen todos sus esfuerzos a esta campaña de higiene, reuniendo grupos de jóvenes y adultos para ilustrarlos sobre los distintos aspectos de las enfermedades venéreas. Hay que desarrollar en la zona rural el interés y responsabilidad que debe tener cada individuo de evitar el desarrollo de estas enfermedades cuyas consecuencias pueden destruir los pueblos. Esto sólo se consigue si ustedes prestan la atención que dicha campaña requiere. Así lo esperamos.

Ustedes deberán prolongar esta campaña de higiene social durante todo el mes de febrero, aprovechando así el mes para hacer los exámenes de sangre al mayor número de niños y niñas 4-H, así como de adultas.

Este servicio tiene a su disposición la película titulada "Fight Syphilis," que puede facilitársele a requerimiento nuestro. Igualmente el Departamento de Sanidad tiene "Con Estas Armas," y pueden facilitarla si ustedes la piden. Aquellas agentes que deseen cualesquiera de estas películas escriban en seguida a esta oficina informando para qué día la necesitan y haremos cuanto esté a nuestro alcance por enviárselas.

Deseo recalcar que esta actividad deberá ser atendida por ustedes durante todo el mes de febrero, y que deberán rendir un informe detallado sobre el alcance de la misma en el informe mensual.

Atentamente,

ELENA BONILLA, R.N.  
Especialista en Salud e Higiene

## LETTER SENT TO SUPERINTENDENTS OF SCHOOLS FROM THE OFFICE OF THE COMMISSIONER OF EDUCATION

GOVERNMENT OF PUERTO RICO

## DEPARTMENT OF EDUCATION

OFFICE OF THE COMMISSIONER

SAN JUAN

February 8, 1944

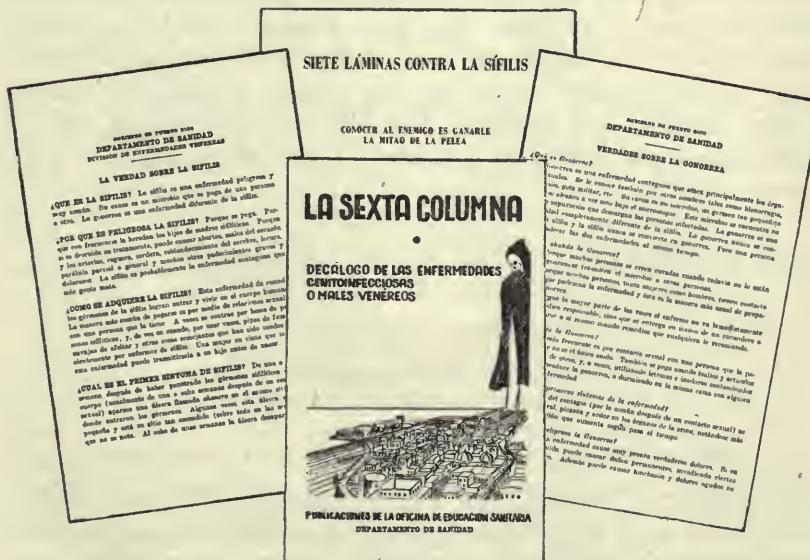
*Circular Letter No. 135***Subject: SOCIAL HYGIENE DAY****To:** Superintendents of Schools**Ladies and Gentlemen:**

The Department of Health of Puerto Rico, The American Social Hygiene Association, The United States Public Health Service, and several other institutions are sponsoring the celebration of a Regional Conference on Social Hygiene, to be held at San Juan on Wednesday, February 9, 1944. It is the purpose of this meeting to discuss different phases of the problem created by venereal diseases.

In order to cooperate with those at the head of this movement, you are hereby requested: (1) to invite doctors and nurses to talk to children and parents about these diseases; (2) to have pupils and teachers read news, lectures, and other pertinent articles on the subject of venereal diseases.

Full information about this subject may be obtained from Miss Jean B. Pinney, Conference Secretary, P. O. Box 3788, San Juan, P. R.

Yours very truly,  
 (Signed) **JOSÉ M. GALLARDO**  
 Commissioner of Education



PUBLICATIONS OF THE INSULAR DEPARTMENT OF HEALTH

## PROCEEDINGS REGIONAL CONFERENCE ON SOCIAL HYGIENE

*Morning Session—Auditorium, School of Tropical Medicine*

*Presiding: DR. A. FERNÓS ISERN, Commissioner of Health for Puerto Rico, and  
Chairman of the Conference*

GREETINGS,

FROM GOVERNOR REXFORD G. TUGWELL

*Honorary Chairman of the Conference*

This Regional Conference on Social Hygiene is a very significant occasion in Puerto Rico, and I am glad to have had the opportunity of serving as Honorary Chairman of the Committee which has been responsible for the local arrangements.

You will realize, of course, that the only function I have here today, as a layman, is to welcome you to Puerto Rico and to express to you our gratification that this meeting is taking place.

From the point of view of civil government, of which I am a representative, I think it is of great importance that meetings of this kind be held. From the national point of view they make a contribution to the health and welfare of the people which we cannot afford to miss. I am sure that your sessions will be extremely valuable to you, to the Island, and in fact to the whole Caribbean area. Thank you for coming to San Juan. I wish you success in your program and anything that the civil government can do to facilitate such events of this kind, I can assure you we shall be happy to do.

### THE NATIONAL CAMPAIGN FOR VENEREAL DISEASE CONTROL IN WARTIME

#### THE ARMY'S CAMPAIGN

MAJOR GENERAL M. C. STAYER, M.C.  
*U. S. Army, Surgeon, Caribbean Defense Command*

*Army Venereal Disease Trends in War and Peace*

Historically all armies have had to contend with the venereal diseases as a cause of non-effectiveness. A definite rise in the trend of the venereal disease rates has been observed shortly after the onset of each war. However a definite gradual drop in the trend

of venereal disease rates was observed during successive wars participated in by American troops. A similar downward trend existed during successive between-war, or peace-time, Army rates. At the beginning of active participation of Americans in World War II the venereal disease rates were at an all time low. A definite rise developed soon afterward. The modified venereal disease program adopted by the Army, plus other factors, has prevented the degree of rise in the venereal disease rate which might have been anticipated and at the present time the overall Army rate is lower than in any previous war.

#### *Basic Principles Which Are Operative*

Basically a few general principles are operative. For example, if no civilians had any venereal disease in a communicable stage there would be no venereal disease problem in the Army, because with very rare exceptions the infections are acquired from members of the opposite sex. Similarly, if no soldier practiced non-marital coitus the rates would be very low indeed because most enlisted men are not married and marital sexual intercourse is not the common source of infection. Furthermore, if every non-marital sexual contact were associated with the proper use of mechanical prophylaxis plus soap and water and/or prompt adequate chemical prophylaxis the venereal disease rates would again be extremely low. Clearly none of these separate combinations are attainable in absolute perfection. Only the last mentioned, namely, the use of proper prophylaxis whenever exposure to possible infection occurs is within the direct responsibility and control of the Armed Forces.

#### *Responsibility for Civilian V.D. Rates and Their Effect Upon Army Rates*

The rates of venereal disease within a civil population are dependent principally upon the proportion of the population which participates in sexual intercourse with more than one sex partner and the frequency with which they change sex partners. This relative promiscuity determines the frequency of the chances for disease germs to be passed from an infected person to a healthy one. I am sure all of my present audience fully appreciates the fact that this relative sexual promiscuity is influenced by many emotional, economic, social and other factors. I am equally sure that all my present audience fully appreciate that the control of all these factors is the combined responsibility of the various official and non-official agencies which exist within a modern civil community, state, or nation. These include the educational, religious, welfare, social, economic and health agencies. The Armed Forces have an interest in, but no direct responsibility for, these civil functions. When the civil agencies excel in their efforts the Armed Forces find their venereal disease control program that much easier. Whenever the civil agencies collectively fail to attain and maintain a low prevalence of communicable venereal disease among their civilians

the Armed Forces must compensate by increased efforts to protect themselves from such infections.

#### *Sexual Promiscuity—Its Background and Origin in Civilian Life*

The question of sexual promiscuity among a certain proportion of all soldiers is not fundamentally different from sexual promiscuity practiced by civilians. This applies equally to men and women since one of each is involved in each instance. Some studies have been conducted to estimate the proportion of soldier populations who do practice non-marital sexual intercourse and the frequency of same as well as the degree of their relative promiscuity—that is the frequency of their change of sex partner. These data cannot be presented at this time. The data clearly implies, however, that the female partners are by no means limited to a few very promiscuous persons. Clearly the emotional make-up, age, the present love-status, the educational, religious, social and economic background of each person, whether male or female, will determine in part how a given person, civilian or military, will react under any given set of conditions. These factors are largely determined before men enter the Armed Services and hence they represent a summation of past civilian influences more than Army-controllable factors. Some evidence has been collected to show that sex habits are brought by recruits into the Armed Forces from civilian life and that no significant proportion of service men alter their basic attitudes or practices in relation to sex following induction into the service.

#### *Army Controllable Factors and the Techniques Which Have Been Found to Be Effective*

Now let us consider the Army-controllable factors and the techniques which have been found to be effective. Especially trained and experienced full time venereal disease control officers were assigned to all major commands to analyze local problems and to recommend appropriate techniques for dealing with any special situations.

Punishment as a method to prevent sexual exposure to infection and/or to increase the use of prophylaxis if sexual contact occurred was eliminated as less desirable and less effective than exact knowledge and self respect as motivating influences.

Each Commanding Officer was made specifically responsible for the control of venereal diseases among the personnel under his Command. This was carried to its logical conclusion in some areas so that every commissioned and every non-commissioned officer including corporals were made responsible to their superiors for venereal infections occurring among the men under their supervision. This was based on the idea that actual infections would reach an acceptable low level if every soldier really knew and understood all the facts relative to the spread of these diseases, the damage which sometimes results to vital organs, the complications which occur even under ideal therapy as well as the details of adequate prophylaxis should exposure to potential infection occur.

This premise necessitated an educational program comparable in scope and detail to other instruction given to soldiers relative to the proper use of protection from gas attack by gas masks or the use of rifles and machine guns in attacking an enemy-held position. In some areas courses were held including lectures, demonstrations and discussions for all commissioned officers on a scheduled basis to give them detailed instruction in all significant scientific facts pertaining to these diseases. They were also informed of the basic principles underlying the control program and their responsibilities in connection therewith. These commissioned officers with the aid of the original medical officer instructors then conducted similar courses for all of the non-commissioned officers. These in turn trained their subordinates to the last and newest recruit. Visual aids in the form of movies, film strips, exhibits, posters, bulletin notices, and so on, were all used where maximum results were obtained. Eternal vigilance is the price that each officer must pay if he is to succeed in attaining and maintaining low rates in his unit. The fact that such is possible even under adverse environmental conditions in the surrounding civilian areas has been repeatedly demonstrated. Admittedly it requires even greater effort and more attention to details to succeed under such circumstances.

In addition to making certain that every soldier clearly understands all pertinent facts it is necessary to provide both mechanical and chemical prophylactics at all strategic locations under such esthetically acceptable circumstances that no soldier in need of using same will have an excuse for not availing himself of such prophylaxis. Both individual prophylactics and station prophylaxis must be provided. The former must be available without difficulty or embarrassment and station prophylaxis must be provided under conditions which inspire respect for the importance of the medical procedure involved. It is a false premise to suppose that the removal of prophylactics, or making it difficult to obtain such, will stop, or even significantly reduce, the number of sexual contacts. The only observable effect has been to increase the number of infections appearing because an increased percentage of unprotected exposures occur.

Another useful technique is to have every soldier returning from pass to report to his charge of quarters. If the returning soldier is significantly under the influence of alcohol immediate chemical prophylaxis is required. If the soldier is sober, or at least not too intoxicated to be relied upon he is questioned about the possibility of having acquired an infection. If the slightest possibility of exposure to infection exists he is urged to take the necessary prophylaxis at once provided he has not already done so. Thus the educational program follows through including special attention at the crucial moment. Military police render a preventive service by transporting any soldier who has had too much alcohol to the prophylactic station and then placing him in the care of a suitable person such as the charge of quarters. This can be done without arrest and prevents quarrels and accidents as well as venereal disease.

Early diagnosis and therapy of venereal diseases in the Armed Forces help to lower the subsequent rate for both the Army and the civilian population. This is true because an undetected infectious soldier, who acquired his disease from one civilian, may pass his infection on to other civilians. These newly infected females in turn would subsequently infect not only other civilians but also other soldiers. All soldiers diagnosed as having a venereal disease are not only promptly treated to make them non-infectious and to cure them but also they are placed under working quarantine for a reasonable period to make certain that they will not spread their disease.

All infected soldiers are carefully questioned to obtain all available data about their sexual contacts during the incubation periods of the disease involved. Such data is promptly submitted to the civilian health authorities to permit them to locate and examine such probably infected persons. If they are quickly located, properly diagnosed and adequately treated a real contribution is made to both civilian and military control of venereal disease. Those less reliable or recalcitrant infectious persons need isolation also to provide regular treatment and to stop the exposure of others to disease.

Religion is of considerable influence in the lives of some service personnel just as it is in the lives of some civilians. It does not influence all persons and it must be understood that not all church or chapel visitors are free of venereal disease. Similarly, the others are not all infected.

Recreation in all its forms; music, dancing, movies, shows, athletics, and so on, are indirectly helpful, if wholesome in type, to provide emotional satisfaction to certain persons. These facilities if adequate in quality and quantity completely meet the emotional needs of some persons while others are only partly satisfied and still others have never learned to appreciate or use these aids. Recreational features in which the individual actively participates are usually more helpful than those which permit only passive participation.

An outline of Army-controllable factors and the techniques which have been found to be effective therefore includes:

- a. Assignment of Venereal Disease Control Officer.
- b. Punishment ruled out and replaced by exact knowledge and self respect as motivating influences.
- c. Responsibility of each officer—commissioned and non-commissioned.
- d. Educational program.
- e. Provision of adequate and acceptable prophylaxis.
- f. Check-pass system.
- g. Early diagnosis and therapy for service personnel.
- h. Epidemiological data provided to civil health agencies.
- i. Various other aids.

*Results of Such a Program in the Army*

As stated above the overall American Army venereal disease rates are the lowest in wartime history. However these rates vary considerably by race and by location of the troops. Again as indicated previously this variation is definitely influenced by the venereal disease prevalence rates of the civilians in the area of troop concentrations. In areas of high civilian rates only a relatively few service men need expose themselves to infection without adequate prophylaxis to maintain an Army venereal disease rate which is considered to be too high.

Let us consider a hypothetical example. Let us assume that out of one thousand soldiers one out of five has sexual intercourse. Let us assume that on the average they do so once each week and again on the average that one-sixth of these experiences are *not* associated with adequate prophylaxis. That combination in the course of a four-week month would yield one hundred thirty-three unprotected sexual contacts. Clearly, if the civilian infection rate is very low only an occasional case of venereal disease will result but if the civilian rate is high the infections acquired during these unprotected contacts will rise proportionately.

A definite decrease in the Army venereal disease rates occurred in the Caribbean area during the year 1943. The venereal disease rate for all troops in the Antilles area in January, 1943 was 105. That means the rate of new venereal disease for this area in January, 1943 if continued over a whole year would have yielded 105 new infections among every one thousand troops. Two infections in one soldier counts as two diseases and hence two infections. This high rate persisted through February and March and then a downward trend occurred with a rate of 55 in December, 1943. This means that 52 per cent of the Army venereal disease problem which existed in January, 1943 was still present in December, 1943.

It will be understood that the total Caribbean venereal disease rates will be a composite of results from the Antilles area and the Panama Canal area. Hence the total rate will of necessity always be in between the two Department rates. The total Caribbean rate for January, 1943 was 85. It dropped to 73 in February and remained constant through March, April and May. Since then the rate has dropped to 38 in December. This rate is 55 per cent lower than the rate of January, 1943.

Truly gratifying progress in venereal disease control has been made in the Panama Canal Department. The rate was 68 in January, 1943. It dropped to 50 in February; was constant through March and April; rose to 62 in May and dropped rapidly thereafter to only 23 in December, 1943. This represents a drop of 71 per cent as compared with January, 1943.

The significant drops in the venereal rates in the Caribbean area since May, 1943 must be compared with the trends in the venereal disease rates for the last six months of each of the previous years. For example the Panama Canal Department Ground Force rate

dropped from 60 in May, 1943 to only 20 in December. This represents a drop of 66 per cent in seven months. It becomes a more spectacular result, however, when it is compared with the trend in 1942. In May, 1942, the same command had a rate of 43 and it rose to 86 in August and was still at 73 in December, 1942. Thus in 1942 between May and December the venereal disease rate rose 74 per cent instead of dropping 66 per cent as it did in 1943. A similar rise rather than a fall occurred in the years 1941 and 1940.

#### *What is the Irreducible Minimum?*

The Army venereal disease rate would be zero if civilians had no venereal disease but that is too much to expect. If no soldier had sexual intercourse with more than one woman and each such woman in turn limited her sex contacts to one man, both the civilian and Army venereal disease incidence rates would drop practically to zero. No influence or combination of influences has succeeded in inducing any large population groups to rigidly follow this scheme to date. Once again if every soldier used properly timed and adequate prophylaxis during and/or following each potentially infectious contact the Army venereal disease incidence rate would be essentially zero. This would be equally true among a civilian population. However this too is more than can be expected since ignorance of the facts, indifference to disease, diminished self-respect, alcoholism and other factors make perfection in prophylaxis impossible in all instances.

The question remains—What is the irreducible Army venereal disease rate? This varies somewhat with the rate among nearby civilians but it is much more closely correlated with the effectiveness with which the Army controllable factors are applied. One Command of considerable size in the Caribbean area has had an average rate of under 20 for the past six consecutive months. It attained a rate of only 11 in January, 1944, which rate may be compared with the rate of 59 in January, 1943. This remarkable achievement proves that the irreducible minimum if not zero is actually not more than about 15. It must be made clear that the troops in the command referred to are not particularly favored in any way. They simply have taken their job seriously and have applied to the logical upper limits every sound control technique that could be devised. They used no techniques not referred to above.

THE NAVY AND VENEREAL DISEASE CONTROL IN THE CARIBBEAN  
LIEUTENANT COMMANDER FRANK W. REYNOLDS, MC—USNR  
*Venereal Disease Control Officer, Tenth Naval District,  
San Juan, Puerto Rico*

A concept difficult for many to grasp is that of *preventive* medicine. So often we associate the doctor with the delicate surgical operation or picture him ministering to an acutely ill patient with pneumonia or malaria. But there is another and even more impor-

tant phase of medicine—that phase wherein the physician seeks to prevent disease rather than to cure it after it has occurred.

Of course there are some conditions which medical science does not have the required knowledge to prevent—the common cold, cancer and diabetes, for example. For other conditions the fundamental knowledge is available, and all that is required is diligent application of that knowledge before these conditions are wiped out completely. The venereal diseases fall into the latter category. We know their cause and the method of spread. We have effective remedies. To wipe these plagues from the face of the globe requires only the application of sound public health procedures.

The venereal diseases constitute one of the most important problems of preventive medicine with which the Navy has to deal. The number of man-days lost to the Navy from venereal infections is still extremely high.

But venereal infections, particularly syphilis, mean more to the Navy than lost man-days. The treatment of syphilis requires regular and prolonged therapy by a Medical Officer. Many of the smaller Naval units do not carry a Medical Officer. Therefore, crew members of such vessels who contract syphilis must be sent to duty elsewhere, and their trained service is lost for many months. Remember that the Navy, more perhaps than any other branch of the Armed Forces, is composed of specialists—gunners, radiomen, radar operators, mechanics. Each man is an integral part of a smoothly working team. To lose the service of a key man in the team means delay in reestablishing a crew of maximum efficiency.

The theme of this Conference is *Venereal Disease Delays Victory*. Yes, ladies and gentlemen, venereal disease does delay victory. Each infection slows down the war effort, and when one considers the number of these infections which occur each month, he will realize how great the problem really is.

Here in the Caribbean, the problem is especially acute. In 1942 (the last year for which all the statistical data are available at this time), the venereal disease rate for this area was higher than in any other Naval District, and six times as high as in the Continental United States.

This problem is recognized by the Navy, and is being attacked vigorously. During the year just past, the venereal disease rate for the Tenth Naval District was nearly halved. This reduction in incidence has been noticeable throughout the entire District, which extends from the Bahamas to British Guiana.

I wish I could tell you that the greatest reduction in the incidence of Navy venereal infections has been in Puerto Rico. Unfortunately, this is not the case. In fact, of all the major areas of manpower concentration in the Caribbean, the highest rate and the least reduction over the previous year has been right here in the San Juan area. During 1943, over 500 venereal infections were contracted by Navy

personnel in San Juan, with over 10,000 man-days lost to the war effort!

This, I think, brings the problem home and presents a challenge to all of us who are in any way concerned with venereal disease control in this area.

We fully realize that the influx of large numbers of service men increases the venereal disease problem for the civilian community. Conversely, it is also true that the presence of a large reservoir of venereal infections in the civilian community is bound to be reflected in a high incidence of infection among servicemen stationed in that area.

If one were to compare two maps of the United States—one depicting the prevalence of syphilis among selectees (the best available index of civilian prevalence) and the other showing the venereal disease rates in the various Naval Districts throughout the country, the two maps would be nearly identical. This indicates how closely interdependent the two are.

I mentioned previously that the Navy venereal disease rate in the Caribbean was six times that of the Continental United States in 1942, and that the venereal disease control program has succeeded in one year in reducing this by half, i.e., to three times the continental rate for 1942. Toward the end of 1943, rates for the Continent were approximately half of ours. I understand that the prevalence of syphilis among selectees from Puerto Rico, and therefore, presumably, in the civilian community as a whole, is about two and one-half times as great as in the Continental United States. A remarkable coincidence—but what does it mean?

It means that the Navy venereal disease control program in this area is approaching bed rock, and that *we are becoming increasingly dependent upon the civilian community for further progress*. Until this vast reservoir of infection can be brought to light and removed, the Navy will continue to have a venereal disease problem.

We are trying to do our part—by finding, treating and keeping isolated all infectious cases of venereal disease among our own men so that the infection may not be seeded back into the community; by providing for and stimulating the use of effective prophylaxis; by providing more adequate on-the-station recreational facilities; by concentrated educational measures; by reporting all contacts and possible sources of infection of which we have knowledge. I give you every assurance that this work will be continued and intensified.

It is our sincere hope that this Conference may result in a more widespread appreciation of the venereal disease problem, not only as it affects the civilian community, but also as it reflects upon the efficient use of manpower in the Army and Navy. With knowledge should come action, and with well directed action, reservoirs of infection gradually will be drained—the accomplishment of which swiftly will be reflected in improved health for the people of Puerto Rico, and a further decline in the incidence of venereal disease among men of the Navy.

## THE CAMPAIGN WITH SPECIAL REFERENCE TO THE CARIBBEAN AREA

MEDICAL DIRECTOR R. A. VONDERLEHR

*Director, U. S. Public Health Service District No. 6, San Juan, Puerto Rico*

Increased services for venereal disease control have marked the progress of the campaign during the last several years. On a nation-wide basis, the Public Health Service reports the performance of 30 million blood tests for syphilis in 1943 as contrasted with 10 million three years previously; the distribution of 11 million doses of arsenical anti-syphilitic drugs in 1943 as contrasted with 7 million in 1940; and a monthly syphilitic patient load of 450,000 as contrasted with 300,000 three years before. In the three-year period the amount of sulfonamide drugs distributed by state health departments for the treatment of gonorrhea has increased 350 per cent, and there has been almost as large an increase in the admission of gonorrhea patients to clinics throughout the land.

These are impressive figures, and if comparable data were available for each of the islands of the Antilles, similar progress would be shown in most places. Yet all of the information available is not encouraging. In the fiscal year 1943, 600,000 cases of syphilis were reported to state health departments. This represents a 21 per cent increase over the number reported in 1942. A 28 per cent increase in gonorrhea patients in 1943 resulted in the recording of approximately 300,000 case reports. While a considerable part of this increase may represent an expansion in the development of control services, there does appear to be a rising rate of infection in the larger population centers—the boom towns and the areas of military and naval concentrations. Due to the marked expansion in the venereal disease control work of civilian health departments and the splendid efforts of the Army and Navy on a nation-wide basis, the venereal disease rates in the armed forces have so far failed to rise to those heights that experience from previous wartime periods indicated. In order to maintain this gain, it behoves us all to give complete support to the civilian venereal disease control program in the coming years.

One of the real contributions of the past year has been the formal adoption by an Interdepartmental Venereal Disease Committee of a United States Government Policy on Venereal Disease Control in the Caribbean. This statement, released in the autumn of 1943, has the endorsement of the Secretary of War, the Secretary of the Navy, the Federal Security Administrator, and the Surgeons General of the Army, Navy and Public Health Service. In the Antilles Department of the U. S. Army it was given public endorsement by the Department Surgeon during a meeting of medical officers of the Army, Navy and Public Health Service last November.

Since this policy was adopted after careful deliberation, it is particularly important that we give it careful study. In terms of

developing civilian venereal disease control services it charges the Public Health Service, the Pan American Sanitary Bureau, and the Anglo-American Caribbean Commission with the responsibility of stimulating the organization and operation of such services by the respective insular Caribbean governments. The facilities and the services recommended are:

- (1) Effective methods of diagnosis;
- (2) Clinics operated in accordance with best scientific standards;
- (3) Hospital facilities for the isolation of infectious patients;
- (4) Qualified follow-up workers for contact tracing and case holding work; and
- (5) A modern program of public education.

Provision is being made in cooperation with the Anglo-American Caribbean Commission for the installation of a program of this kind on the island of Trinidad. This, the first attempt at Anglo-American collaboration in a movement against the venereal diseases in the New World, will establish, with the joint financial support of both the United States and the British Government, an up-to-date venereal disease control program based on the above principles. Such a program is urgently needed in Trinidad and the other Antilles, not only for the health of the armed forces but for the civilian population as well. It is to be hoped that this program will set a pattern of Anglo-American health cooperation which will gradually be extended to all of the Antilles and, with the aid of the Anglo-American Caribbean Commission, the Office of Inter-American Affairs and the Pan American Sanitary Bureau, to the entire Western Hemisphere.

To those of us in the United States portion of the Antilles, a review of present facilities and services is of special interest in the light of the recommendations made by the Interdepartmental Committee on Venereal Disease. Generally speaking, effective methods for the diagnosis of venereal disease are available. There has been, however, some evidence advanced that due to some defect in collection, transportation, or processing, the reporting of results of serologic blood tests and other laboratory methods is delayed in Puerto Rico. The Insular Health Department, to my personal knowledge, is working on this problem in an attempt to ascertain the causes and to correct the defects. There is also a tendency in this part of the United States to rely too much on serologic tests for the diagnosis of syphilis and on microscopic smears for the diagnosis of gonorrhea. Darkfield examinations for the detection of the *spirochaeta pallida* in suspected primary syphilis are of fundamental importance, and everything possible should be done to develop a rapid delayed system of darkfield examination including the telegraphic report of results both in Puerto Rico and in the Virgin Islands. Wherever possible, and especially in areas of dense population, adequate laboratory service for the provision of cultures for the recognition of the gonococcus should be established.

A fairly adequate number of clinics now exists. There is much need for improvement in the quality of present clinic service. Too

frequently physicians neglect the management of syphilis and gonorrhoea in the clinic patients under their charge, and because of limitations on their time and greater interest in private practice, they delegate to clinic nurse such important work as the early detection of untoward reactions to previous treatment and the actual responsibility for determining the indications for the administration of therapeutic agents.

Isolation hospitals are planned which should prove adequate, quantitatively, when placed in operation. Everything possible should be done to insure the efficient operation of these isolation hospitals, in accordance with best administrative, diagnostic and therapeutic practices. Furthermore, it should be remembered that the health department faces a hopeless task unless some attempt is made to redirect the patients in these hospitals into respectable jobs, and unless law-enforcement agencies develop an active campaign to repress prostitution and thereby limit the constant and unending stream of infected prostitutes who are brought to these hospitals.

It is in the field of follow-up work that some of the most serious deficiencies exist in Puerto Rico. There are few competent public health nurses available, and most public health nurses spend their time doing chores in the clinic instead of the more important follow-up work with patients attending the clinic. A basic need, therefore, is for the provision of as large a number of follow-up workers as possible without reference to prolonged formal training for the duration of the war, but with the requirement that such follow-up workers demonstrate their ability before being accepted for wartime service. This make-shift arrangement should be supplemented by a long term program which will insure the training of nurses in accordance with the present plans for expansion of the Insular Health Department.

Actual experience has shown that the need for contact tracing can be greatly decreased quantitatively by limitation of the number of sex exposures in the total population. Under the present system of tolerated prostitution in Puerto Rico, the exposure rate in the armed forces is unreasonably high, and far too many indiscriminate contacts are made by civilians. The number has become so great that the time may soon come when an ample follow-up staff can not be trained and maintained by the Insular Health Department to insure that all of the contacts of patients freshly infected with the venereal diseases actually are traced and brought to examination and treatment. The law-enforcement agencies, by a rigid program of repression of commercialized prostitution and the enforcement of the proposed new law recommended by the Social Protection Committee of Puerto Rico—which, parenthetically, it is expected the Insular Legislature will pass—can do more at the present time than any other branches of the Insular Government to lighten the venereal disease load. Without this action, progress in venereal disease control faces a difficult course and a gloomy future indeed in the United States portion of the Antilles.

A very hopeful sign, which has become apparent in recent months, is the increased interest of the population in venereal disease control problems. Agencies for the dissemination of public information are to be congratulated on the support that has been given to the attempts of the Insular Government to develop an intelligent program. May I emphasize the fact, however, that the venereal diseases are so insidious that the course of syphilis runs over a period of decades; that treatment and control of the venereal diseases are slow; and that public support will be needed for many years. A flash of interest by the press and radio will direct attention to, but will not solve the long term problems. Again and against the systems for the dissemination of public information must be activated if the program is to be successful, and this public education program must:

- (1) Reiterate frequently the harmful effects of syphilis and gonorrhea to the individual and to the community and describe individual and community control measures;
- (2) Tell how the venereal diseases decrease our armed strength and our productive capacity; and
- (3) Encourage the lasting support and cooperation of all official and voluntary agencies, and educational and religious groups.

Venereal disease control is not a phase of public health which can be developed and continued by health departments alone without the full support of the public. This work requires the cooperation of the armed forces in adherence to the policy defined by the United States Government for the Caribbean. It requires also the support of legislative bodies in passing adequate laws and in providing sufficient funds for the maintenance of facilities and services. When demobilization comes it will be necessary to insure that the members of the armed forces are returned to the civilian population as free of venereal diseases as when they entered the Army and Navy. Law-enforcement agency cooperation is imperative in a part of the world where the prevalence of syphilis and gonorrhea is so high. The support of unofficial agencies can be of the greatest help to health departments in further insuring proper action on the part of all governmental agencies. Without continued action and support the venereal diseases will remain rampant in the Antilles. With such support and the full backing of the people, the venereal disease control program can be waged as successfully here as in any other part of the world.

#### SOCIAL PROTECTION IN THE COOPERATIVE PROGRAM

ELIOT NESS

*Director, Division of Social Protection, Federal Security Agency,  
Washington, D. C.*

In 1941, the police in the various towns and cities of the United States knew little about the connection between spread of the venereal diseases and commercialized prostitution. Many eminent police authorities sincerely believed that a tolerated "red light" district,

with frequent inspection and registration of prostitutes, was a necessity in control of venereal disease.

When men from the civil population were medically examined for Selective Service and the figures came in to health authorities, it was found that more than 100,000 of the first 2,000,000 American men examined were infected with syphilis. On the basis of these figures, the United States Public Health Service estimated that 3,200,000 persons on the continent had that disease. Traditionally, the number of gonorrhea infections is always much higher than those of syphilis. But it is significant that Selective Service figures also showed that in communities tolerating organized prostitution, the rates of venereal disease were from two to five times those of comparable communities where commercialized prostitution was not tolerated.

The *Eight Point Agreement*, outlining a National program for venereal disease control, was formulated in 1939 by representatives of the Army, the Navy, and the United States Public Health Service. *Point Six* of this Agreement contains the first authoritative pronouncement of the medical profession on the necessity for repression of prostitution for venereal disease control, recognizing the fact that it is impossible to effect any sizeable reduction in these infections as long as commercialized prostitution is permitted to operate.

The *Agreement* informed the police that they would be responsible for the repression of prostitution—that the local authorities must work to eliminate prostitution from their own communities.

At that time there were houses of prostitution in practically every city in the United States. They were there because the police did not know the role that prostitution played in spreading venereal disease, had not considered prostitution a problem of sufficient importance to require official concern. In a great many cities there were segregated "red light districts."

During the years since then the police profession has moved forward to repress prostitution. Since 1941, 662 cities on the continent have closed these "houses" and "districts." Through the International Association of Chiefs of Police, the National Sheriffs' Association, and state associations of police chiefs and sheriffs, law enforcement has gone on record as supporting the *Eight Point Agreement*. And I may say that in practically every one of those 662 cities, the venereal disease rate, as indicated by the rate of the nearby Army camps and Naval Stations, has gone dramatically down.

In the field of law enforcement there are many different programs that must be carried on; and each one competes for the maximum amount of time and attention from the police officer. This is true in enforcement against traffic violations, in the repression of any type of crime. Each program calls for intensified effort. Emphasis must be applied again and again.

Many dire results were predicted concerning the closing of "red light districts." One of these was the belief that the prostitutes

would spread all over town. But if a thing is a crime, it should not be tolerated *anywhere*. Certainly, for example, law enforcement does not work on the theory that in certain districts we should allow certain individuals to engage freely in the art of "holding up" people or otherwise threatening the public safety. Every such situation is a separate police problem and should be attacked as such. Moreover, the fact has been proven that intelligent police work in repression of prostitution helps to keep down the rate of venereal infection in any community. In the 662 communities mentioned previously, there has been no evidence whatsoever of an increase in venereal disease rates.

I was very much interested to hear Doctor Vonderlehr tell this morning about the new legislation that is contemplated here. In our Social Protection work on the continent we found need for new legislation in a great many sections, and for strengthening existing legislation in others. A number of states have made these necessary changes in the law, on the recommendation of Social Protection Committees, some of them having to start from the beginning to pass legislation making prostitution illegal.

Other professions have also gone seriously into this problem on the continent. We are not basing our program on a moral issue, but are considering it as an important public health problem, in the light of new scientific medical information. In developing sound legislation and in all similar professional activity for Social Protection, attention has been directed to the resolution of the House of Delegates of the American Medical Association, which reads as follows:

"The House of Delegates of the American Medical Association takes the following stand:\*

"FIRST, that the control of venereal disease requires elimination of commercialized prostitution.

"SECOND, that medical inspection of prostitutes is untrustworthy, inefficient, gives a false sense of security, and fails to prevent the spread of infection.

"THIRD, that commercialized prostitution is unlawful, and physicians who knowingly examine prostitutes for the purpose of providing them with medical certificates to be used in soliciting are participating in an illegal activity, and are violating the principles of accepted professional ethics."

We in law enforcement are following the lead of the medical profession. Our best authority for attacking Social Protection problems is that of specialized medical information.

There are many persons on the continent whose business enterprises are affected by enforcement against prostitution. But the hotel people, for instance, have realized that they have a duty to perform in helping to reduce venereal diseases. The American Hotel Association has given particular attention to developing policies that will

\* A statement adopted at the meeting of the American Medical Association, June 9, 1942.

further the Social Protection effort. This Association refuses to allow its member hotels to be used for furthering the activity of organized prostitution. Tavern owners and other dealers in liquor are also interested in developing this kind of cooperation.

I should like to emphasize one or two points. We hear a great deal about the protection of girls, but in any community where the financial opportunity offered by commercialized prostitution is an important factor, you will have an attraction to that field and continuing recruitment to that field. A vigorous law enforcement campaign, however, will make commercialized prostitution definitely less attractive.

On the continent we have developed a new police policy. Arrest for prostitution is regarded by the prosecuting attorney as constituting sufficient evidence for the health officer to suspect the persons apprehended may be infected with venereal disease. He can therefore require submission to examination, and the possibilities of finding such persons infected with a venereal disease are great.

Here, as in all phases of our law enforcement campaign, the cooperation of the judiciary is essential. The work of law enforcement authorities cannot do a complete job without the support of the courts. Police should not be requested to engage in any activity that will not be actively supported by ensuing legal action.

We in the law enforcement field feel that we are playing an important role in a new, great cleaning-up program for the suppression of venereal disease. We are confident that this program will result in better health and greater strength for our Nation, and give grateful acknowledgment to the work of Surgeon General Parran and all other persons who have had the courage to face the problem and conceive this program.

#### THE VOLUNTARY SOCIAL HYGIENE AGENCIES IN WARTIME

WILLIAM F. SNOW, M.D.

*Chairman, Executive Committee, American Social Hygiene Association,  
New York*

Dr. Snow referred briefly to the high points brought out by the previous speakers, and reviewed progress in coordinated effort among the voluntary and official agencies, which beginning in World War I, now has reached a high peak of effectiveness in World War II and is resulting in "the lowest venereal disease rate in wartime history."

He reviewed the program of the American Social Hygiene Association as the national organization heading up participation of voluntary social hygiene agencies in the wartime campaign, stating that this program includes these activities:

Rally more citizens to fight syphilis and gonorrhea and commercialized prostitution through community action. Train leaders to guide such action, and teach others.

Tell the great masses of the people the truth about these dangerous diseases—how they attack the nation's strength, how they may be avoided, how cured.

Aid employers and workers, especially in war industries, to strengthen manpower and stop financial loss and needless suffering by striking at syphilis and gonorrhea.

Lessen opportunities for exposure to venereal diseases by helping to enforce existing laws against the commercialized prostitution racket; advise and assist in securing better laws where needed.

Help communities to provide "good times in good company" for young people as the best safeguard against

"bad times in bad company;" to clean up community conditions leading to delinquency; to aid victims of bad conditions make a new start, particularly women, girls and young men exploited by the prostitution racketeers.

Help health officers, physicians, pharmacists, nurses, social workers and other trained persons to drive out the venereal disease quacks and charlatans; to give sound counsel to infected persons.

Help parents, teachers and church leaders provide suitable sex education for children and youth and practical preparation for marriage, parenthood and family life.

Study national and community conditions and programs, official and voluntary, and keep all concerned informed regarding progress and results, in peace or in war.

Dr. Snow also explained the special functions of the Association and the state and community social hygiene agencies under the "working agreement" between Army, Navy, Public Health Service and Social Protection Division,\* and emphasized the part that Puerto Rico can play in helping to carry out this program, quoting in this connection a part of the citation which was addressed to Dr. Fernós Isern later in the Conference when Surgeon General Parran, as Chairman of the Association's Committee on Awards, presented Honorary Life Membership to him:

As never before, the Mainland and this strategic Island outpost of the Nation are dependent on understanding and teamwork among officers and citizens for successful conduct of the war and promotion of permanent peace.

In both war and peace Puerto Rico can continue to contribute notably to the development of new and sound methods for attaining the maximum in health and well being of all our people. To translate such methods into nationwide action requires cooperation of federal, state and local governments and voluntary agencies.

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\* See *Relationships in Venereal Disease Control*, ASHA Pub. No. A-499.

*Luncheon Session—Hotel Condado*

## THE AMERICAS GO FORWARD TOGETHER

## REMARKS BY THE CHAIRMAN

SIR RUPERT BRIERCLIFFE, C.M.G.

*Medical Advisor to the Comptroller for Development and Welfare to the West Indies; Medical Advisor for Great Britain, Anglo-Caribbean Commission*

I have been given the pleasant privilege of presiding at this session of the Conference and of introducing to you the Consular Representatives of some of the neighboring Republics, who are our distinguished guests at this luncheon.

The slogan for this session is *The Americas Go Forward Together*. I represent the Development and Welfare organization in the British West Indies here today, and though the British West Indies form only a very small part of the Americas, they are dotted about over such a wide arc of the Caribbean Sea that strategically they are of importance for defense purposes, and with the large influx of American troops into them their health conditions have become of direct interest and concern to the Americas.

At the present time their health conditions are of special interest and concern to Puerto Rico because a very large part of the American garrisons of the United States bases in the West Indies now consists of Puerto Rican soldiers. I should like to take this opportunity to say what an excellent impression these Puerto Rican soldiers have already created in the British West Indies. In the course of my duties I have to visit the various places where they are stationed—Antigua, St. Lucia, Trinidad and British Guiana, and everywhere I have been recently I have heard the highest praise given to the conduct of the Puerto Rican troops and to the friendly relations they have established with the peoples of the British West Indies.

General Stayer told us at the first session of this Conference that wherever you have large numbers of troops stationed, the problem of venereal disease control becomes of importance, and two years ago when the United States and British Governments created the Anglo-American Caribbean Commission, the first health problem which the Commission took up for consideration was the question of venereal diseases. Dr. Vonderlehr told earlier today, how, as the result of the Commission's recommendations, a cooperative program has been worked out in which both the United States and the Governments of the various West Indian countries are taking part. That is an example in which "the Americas go forward together" and I think the two speakers at this session—Dr. Shepard, who represents the Co-ordinator of Inter-American Affairs, and Dr. Villela of the Public Health Service of Mexico, who is also a

representative at this Conference of the Pan American Sanitary Bureau,—I think that these two speakers will be able to give you other examples of the good neighbor policy which is being followed in the problems which this Conference has to consider.

### THE AMERICAS VERSUS THE VENEREAL DISEASES \*

DR. CHARLES E. SHEPARD

*Senior Surgeon (R), U. S. Public Health Service, Chief, Professional Training and Health Education Section of the Office of the Coordinator of Inter-American Affairs, Washington, D. C.*

A prime public health responsibility of the Americas in this time of war is to provide facilities and services to protect the personnel of the armed forces and workers engaged in strategic production. Nineteen American republics, including the United States, are carrying out this responsibility jointly under the inter-American cooperative health program. Such a responsibility inevitably entails venereal disease control. These diseases flourish on war, migration, and separation from home and familiar influences.

The health of rubber workers is of vital concern to the Americas, and in the rubber-producing regions of Central and South America the inter-American cooperative health program is aimed toward protecting these workers from malaria, the dysenteries, hookworm, the venereal diseases and other diseases of these regions. In Brazil, a series of hospitals and dispensaries has been established from Belem, gateway to the Amazon, up the rubber country to provide medical and sanitary services for the workers and their families. All through these rubber regions the task of promoting the health of the migrant workers is complicated by the prevalence of venereal disease and the prevalence of infected women. The sanitary post in the Sao Luis camp in Brazil has found it necessary to treat the women of the surrounding districts. The incidence of venereal disease has become so serious in some places that special barracks are needed to house the cases.

In Colombia, the river ports offer many public health problems. Boats take on strategic supplies at these ports for the United Nations. The tumultuous life of a busy river port attracts prostitutes and favors the venereal diseases. A report from the newly established venereal service in one city stated that 60 prostitutes were under control, 15 were hospitalized and under treatment for gonorrhea. In one large city with a serious venereal problem, a new hospital is being planned which will provide facilities for out-patient treatment of venereal disease, a diagnostic laboratory and provisions for the hospitalization of women. For this inter-American project 20,000

\* A paper prepared jointly with Hazel O'Hara, Health Education Specialist, Professional Training and Health Education Section, Office of the Coordinator of Inter-American Affairs.

pesos will be contributed by Colombia and 35,000 by the Office of the Coordinator of Inter-American Affairs.

In Ecuador, public health workers are concentrating on venereal disease control in the areas immediately adjoining the United States bases. Prostitution is being curbed and new cases receive continuous treatment for a period of several weeks at least. Salinas affords a good example of how venereal disease work fits into a general health and sanitation program. A prophylactic station is maintained there, and this is but one project in a considerable program for the control of venereal disease, malaria, dysentery, and for the supervision of hotels, restaurants and other gathering places frequented by armed forces of the United States.

In the countries of Central America, the inter-American projects emphasize the health of members of the armed forces, Pan American highway builders, rubber workers, cinchona gatherers.

In Nicaragua, the venereal disease work includes the periodic examination of prostitutes. Cases found to be infectious are isolated in a small unit supported by the customs authority and guarded by a sanitary policeman.

When Captain Joseph Hirsh of our Health and Sanitation Division was in Nicaragua last spring, he drafted both semi- and full-suppressive venereal disease control programs for a Naval Base. Arrangements have been made with the Navy to set up a clinic under one of the medical officers of the Dirección General de Sanidad for periodic clinic and laboratory examination of prostitutes as a means of combatting disease rates among Navy personnel. Plans are also being worked out for malaria control and venereal disease control among the civil population.

In El Salvador, health authorities point to consistent follow-up in addition to the provisions for treatment. In the twelve health centers, the attendant physicians are provided with supplies of drugs for the maintenance of venereal disease clinics, and a strenuous attempt is being made to follow up contacts and bring them into the clinic for treatment. We are advised that in one health center which is open six days weekly there are usually about 1,500 cases of syphilis under treatment.

In Costa Rica, conferences were held in 1943 to develop a cooperative anti-venereal disease campaign among Salubridad, Seguro Social, Pan American Sanitary Bureau and the inter-American cooperative health Service of that country. The cooperative Service is supplying the essential drugs, technical training and campaign publicity.

The inter-American staff in Honduras reported for October 1943 that a venereal disease clinic was being organized as a part of the public health center in Choluteca. The basic aim of this clinic is to locate infectious cases of venereal disease and to bring them under proper medical care. For individuals who cannot afford the services of a private physician, the health center itself supplies treatment.

An important duty of the clinic is the location and study of all contacts of the cases found.

In the clinic in Tegucigalpa, a consistent effort is being made to find cases. They are being located with the assistance of the visiting nurse group through laboratory reports obtained from the Honduras Health Department.

The October report on this clinic stated that activities in venereal disease control have increased tremendously. In one month 118 cases were diagnosed and brought under treatment by the clinic. It is hoped that in a short time the follow-up work will be thoroughly organized and operated efficiently through visiting nurses.

The control program at the United States Mexican border is one of the most interesting public health stories of this war. The Office of the Coordinator of Inter-American Affairs has contributed funds to support this work. In 1942 and 1943, two grants-in-aid to the Pan American Sanitary Bureau were approved in the amount of \$152,420 to carry out the program for the control of venereal disease in the Mexican border states in cooperation with the United States Public Health Service and the Mexican Federal Health Department. The fine cooperation of the officials on the Mexican side of the border has helped to make these activities a real control program.

In bringing the venereal diseases under control, health education is one of our best allies. Our success depends upon having an informed public who will seek treatment, will avoid infection, who will support the public services, and will pass information on prevention and treatment along to others. Health education, thanks to the graphic arts, is an attractive ally. Health posters can be striking. Health pamphlets can be readable. Health movies can be absorbing.

We are sending to the other Americas materials produced in the United States that may be used for reference and as a stimulus to local production. I think it is very interesting that of all the literature on the gamut of health subjects we have sent them, they say they are particularly impressed with that on venereal disease. Literature from the American Social Hygiene Association, American Public Health Association, the U. S. Public Health Service and the state health departments is receiving favorable mention from all quarters.

These educational activities will help to make the health centers, hospitals, dispensaries, drainage and sanitation projects, and all the facilities which are going up under the inter-American activities, enduring parts of each country's structure of health. They will help to line up the people against toleration of the venereal diseases and other diseases that are menacing health, strength and long life.

The inter-American cooperative program to raise the western hemisphere's defenses against disease was born of the war. A major responsibility in the program is to protect workers and the armed forces to carry on the war.

Like many public health programs born as emergency measures, it is benefiting countless people and is advancing the control of disease by many years. Because of these long-range virtues, we dare to hope that the work going on under its auspices will survive and expand as an integral part of the defense against disease in the Americas. The advance of public health crosses all political borders. Disease is our common enemy. Its control in this hemisphere is our common goal. This is truly an inter-American program.

#### **MEXICO'S CONTRIBUTION TO THE VENEREAL DISEASE CAMPAIGN**

DR. ENRIQUE VILLELA

*Chief, Venereal Disease Control, Department of Health,  
Republic of Mexico*

Toward the second half of the year 1941 concentrations of armed forces began to be located for training purposes in different parts of the United States, particularly along the Mexican Border. There then inevitably arose, among other problems, that of protecting the military personnel, as well as the civilian population, against the dangers of venereal diseases. This paper is designed to tell how the problem was attacked and how plans were prepared for its adequate solution.

On the initiative of the Pan American Sanitary Bureau plans were outlined for undertaking the work, through cooperation of the three organizations directly interested; that is, the Department of Health of Mexico, the U. S. Public Health Service, and the Bureau itself.

With the object of securing a sound base which would guarantee the success of future work, it was agreed, as a first preliminary step of chief interest, to perfect the training of the personnel who would be in charge of the services on behalf of Mexico. These had already been selected because of former experience in venereal disease control. And so a group composed of eight officers, Mexican physicians trained in public health, took an intensive course at the U. S. Public Health Service Medical Center in Hot Springs National Park, Arkansas, during the first months of 1942. At the end of the course a general conference took place in El Paso, Texas, in order to establish firmly the program to be developed, five fundamental points of which may be stated as follows:

1. Provision of facilities for diagnosis and treatment.
2. Within the resources available, application of the best possible clinical and laboratory techniques. Technical clinics and laboratories as efficiently operated as possible.

3. Investigation of contacts.
4. An educational campaign, using recognized means and methods—brochures, posters, lectures, radio programs, the press, etc.
5. A campaign for the repression of prostitution.

(1) In regard to the first point, there were established seven free clinics, in the Mexican towns of Matamoros, Nuevo Laredo, Piedras Negras, Ciudad Juarez, Agua Prieta, Nogales and Tijuana—places which were considered to be the best strategic, geographic, demographic and sanitary locations to render most useful services.

(2) In regard to the second point, various problems arose. There were duly trained technicians, but diagnostic equipment was not complete. From the start some clinics were able to use their former installations and to make microscopic examinations by means of stained slides; a few months later, the valuable help of darkfield microscope service was secured. Serological work was the object of special consideration, first being done with the splendid cooperation of Tucson, Arizona, for Nogales and Agua Prieta, El Paso, Texas for Ciudad Juarez, and San Diego, California, for Tijuana. But in order to give such work all the importance and scope it rightfully deserved, the creation of two Mexican laboratories was decided upon. One was located in Ciudad Juarez, to serve the western half of the Border; the other was set up in Nuevo Laredo, for the eastern half.

On the therapeutic side, drugs were carefully selected and standarized. For syphilis, trivalent arsenic, of the arsenoxide type (mapharsen or clorarsen) and subsalicylate of bismuth. Infectious cases were given a continuous treatment, alternating series of arsenic and bismuth, until 30 injections of each of these drugs had been given, to the end that the infectious state might be controlled and a recurrence prevented. For gonorrhea, sulfathiazole was used exclusively, according to the plan of treatment recommended by the American Neisserian Medical Society.

(3) and (4) Work relative to the discovery of new cases by means of investigation of contacts, and the educational campaign, followed, as did the other work, a gradual and progressive development. At the beginning, there were only pamphlets with popular appeal. At present there are posters, projection equipment and educational films. In the technical field, the Pan American Sanitary Bureau publishes in Spanish a quarterly edition of the excellent magazine *Venereal Disease Information*, which has come to be an active factor for a better and wider understanding of the efforts and progress made in the control of said diseases. And in order to increase these technical assets in yet greater proportion and to maintain constant live interest in the study of problems involved, as well as to interest private physicians in these campaigns and to stimulate a scientific interchange, in 1943 the Public Health Association of the United States-Mexican Border was established, and annual meetings planned. The first of these took place in June 1943, with outstanding success.

MORNING  
SESSION  
School of  
Tropical  
Medicine · San Juan



The School · Main Entrance

Photograph from Puerto Rico Trade Council



BEFORE THE MORNING PROGRAM

Left to right, standing: Dr. José Gándara, Assistant Commissioner, Puerto Rico Department of Health; Dr. Huggins; Dr. E. Martínez Rivera of San Juan, representing Costa Rica; Dr. Laraque; Dr. Villela; Dr. Luis F. Thomen, Assistant Secretary of Health, Dominican Republic, and representing the Pan American Sanitary Bureau. Sitting: Dr. Snow, Surgeon General Parran, Dr. Fernós Isern, Major General Stayer, Sir Rupert Briercliffe.



Archway Framing Patio \*



The Patio



Gallery Leading  
to Auditorium \*

Scenes at the School of Tropical Medicine

\* Photographs by Harwood Hull

AT THE  
LUNCHEON SESSION  
HOTEL CONDADO

Official U. S. Navy photographs



ARMY AND NAVY EXCHANGE GREETINGS

Major General William E. Shedd, Commanding General, Antilles Department, U. S. Army; Major General M. C. Stayer, Surgeon, Caribbean Defense Command, and Captain Cook



JUST BEFORE THE LUNCHEON SESSION

Left to right: Sir Rupert Briercliffe; Dr. Charles E. Shepard, Director of Training and Education, Office of the Coordinator of Interamerican Affairs, Washington, D. C.; Dr. Thomen, Most Reverend James P. Davis, Bishop of San Juan; Surgeon General Parran; Captain Stirling S. Cook, Chief Medical Officer, Tenth Naval District; Eliot Ness; Lt. Col. William F. Due, Provost Marshal, U. S. Army, Antilles Department; Dr. Villela; Miss Pinney; Dr. Huggins, and Dr. Snodgrass.



THE BRITISH WEST INDIES, WASHINGTON,  
AND THE U. S. NAVY

Sir Rupert, Dr. Parran and Captain Cook



AT THE SPEAKERS' TABLE

Left to right: Bishop Davis, Lt. Col. Due, General Shedd, Mr. Ness, Dr. Fernós Isern, Dr. Villela, Sir Rupert, Dr. Shepard, Surgeon General Parran, Dr. Thomen, Dr. Laraque. Facing Dr. Laraque is Dr. Huggins. Back to camera are Captain Cook and Dr. Martinez Rivera.



SOME OF THE 150 LUNCHEON GUESTS

## EVENING SESSION

Central High School



The High School

*Photograph from Puerto Rico Department of Agriculture and Commerce*



SPEAKERS AND GUESTS AT THE EVENING PROGRAM

Left to right, standing: Bishop Charles B. Colmore of San Juan; Dr. Snow; Dr. Huggins; Dr. Shepard; Dr. Thomen; Sir Rupert Briercliffe. Sitting: Dr. Fernós Isern; Surgeon General Parran; Dr. Carlos Muñoz McCormick; Dr. Villela, and Major General Stayer.



Surgeon General Parran Presents Certificates of Honorary Life Membership in the American Social Hygiene Association to Dr. Villela and Dr. Fernós Isern

(5) I have left to the last discussion of the point relative to the repression of prostitution, because, that being a part of the program of fundamental importance, I emphatically desire to make myself clear on that particular point. For an easier and clearer comprehension, I will explain that the word "*repression*" has been deliberately chosen, instead of the terms "*suppression*" or "*prohibition*," which imply a utopian concept, impossible of translation into practical action, as centuries of experience have demonstrated.

Repression signifies a concerted effort by health organizations, legislatures, civilians, the military, social welfare societies, and all concerned to reduce sexual promiscuity, particularly that caused by organized commercialized prostitution. I will give an example: A young student falls in with a companion of greater experience who invites him to the "*tolerated district*," where sexual commerce is publicly and entirely accessible. In the "*district*" all the prostitutes are easily found, since they exhibit themselves in the streets and the houses are marked with a variety of colors and signs. All is at hand openly, the merchandise is known, the price, the places, and the signs. Then think of a place where sexual commerce is not organized in this way. The prostitute, in order to work, has to seek out her clientele, and take care of it clandestinely. In this way "*business*" is restricted, the clientele is more or less regular, and in such circumstances when the first signs of venereal diseases appear they are limited to the circle of her clientele. The physician or health official is able to know the origin and fight more effectively against its spread.

Now consider the matter from the point of view of the women who become involved in prostitution. If this commerce is organized and tolerated and protected by law, that woman has only to present herself at a house of prostitution where she will be admitted and her price for services fixed. Repression, on the other hand, considerably lessens her facility for carrying on sexual commerce, since it is more difficult to build up a private clientele than simply to enroll in a house of prostitution already established and having commercial relations with other establishments in the same business well backed with capital for financing the commerce and its exploitation.

It is true, of course, that repression of prostitution does not stop this evil entirely, but by making the prostitute less accessible, the facilities for contacts are diminished considerably and in consequence the frequency of exposure to infection is less. And even in cases where infection occurs, every day events show that it is easier to limit the focus of infection when prostitution is conducted privately than when this dangerous traffic serves anonymously for the exploiters of vice centers.

I have made this digression for the purpose of making very clear a basic and capital point of doctrine—which amounts only to the application and utilization of principles universally admitted in epidemiology. Let us now return to the campaign on the Border.

In all our Border cities circumstances favored the incidence and spread of venereal diseases, since here was found flagrant prostitution, completely organized, installed in tolerated districts, existing even more freely outside the districts, as is always the case under similar circumstances, and being given plenty of advertising by the busy agents of the underworld. And all this had been going on for many years, so that the "business" had deep and tortuous roots within various commercial and community interests.

This was the situation in the City of Juarez, just across the Border from El Paso, Texas.

But the program of repression of prostitution found strong support in June, 1942 in Juarez, whose Mayor, Mr. D. Antonio Bermudez, an exemplary official of unimpeachable honesty and proven energy, closed up the tolerated districts, punished the traffickers and exploiters of prostitution, and vigorously repressed both individual and the flagrant and open advertising of opportunities for sexual promiscuity. And in Juarez, which had had the shameful distinction of occupying first place among the brothel cities of the Border, a singular transformation took place. Tourist travel, which it had been thought would vanish, instead increased. The number of soldiers crossing the Border from El Paso to Juarez grew from 24,512 in May to 24,754 in June and to 29,735 in July. Local business, which had prophesied ruin, was not long in seeing improvement. The people grew to be self-respecting, so that a city which was previously a stigma, today is transformed into a dignified town, open to progress—a town which has thrown off the corruption and vice which were submerging and asphyxiating it. What was believed to be a community ideal so remote and difficult as to be impracticable and impossible, by rapid and positive action became fully realized, consummate, visible, palpable, irrefutable.

In respect to venereal diseases, the measures taken had transcendental consequences which may be easily seen. Given below are data from El Paso and Juarez, two neighboring cities separated only by the Rio Grande as a dividing line, and as they are linked by a constant commercial and social interchange, so they are mutually influenced by health or sickness. I have here the comparative results in six successive steps, something like the times and phases by means of which a laboratory experiment is conducted. The figures indicate cases observed among civilians in El Paso and whose source of infection originated in that city or in Juarez.

*Phase I* (March–June 1941) In El Paso there was no repression of prostitution; in Juarez prostitution was flagrant. The respective figures are: 56.9 per cent infection were found to have occurred in El Paso, 24.4 per cent in Juarez.

*Phase II* (July–September 1941) Repression of prostitution in El Paso had caused infections originating in this city to drop 25 per cent; but as prostitution continued in Juarez, the tide was turned toward the latter town, whose market afforded a greater

supply, and the proportion of infections coming from Juarez rose sharply, from 24.4 to 50 per cent.

*Phase III* (October-December 1941) Repression eased up a little in El Paso, which increased to a certain degree the preceding figure (from 25 to 33.8 per cent). At the same time there was a slight drop in the standing of Juarez as a center of disease spread (from 50 to 42.7 per cent).

*Phase IV* (December 1941 to February 1942) The relaxed situation continued in El Paso, causing the proportion of infections occurring there to rise appreciably (from 33.8 to 49.6 per cent). In this phase, however, a temporary closing of the International Bridge between the two cities took place, cutting off the Juarez prostitution market. The figures dropped to an unusual level. 2.1 per cent of cases seen got their infections in Juarez.

*Phase V* (February to June 1942) The reopening of the International Bridge saw a brisk rise in the number of infections having their source in Juarez (from 2.1 during the time the Bridge was closed to 34.5 per cent after the opening). El Paso's figure dropped somewhat (from 49.6 to 34.5 per cent) on the reopening of the market to the south of the dividing line.

*Phase VI* (June to August 1942) In Juarez repression of prostitution was initiated, and this sufficed to diminish the Juarez figures from 34.5 to 10.6 per cent. The system of repression was continued vigorously during the following months, keeping the figure at the minimum level to date.

Official statistics on infections among soldiers in the same area—more easily controlled because of their military situation and their being subject to strict prophylactic precautions after each exposure, correspond absolutely with data secured from the civil population:\*

	1942				
	March	April	May	June	July
Number of soldiers who crossed the Border to Juarez . . . . .	24,632	23,477	24,512	24,754	29,735
Venereal diseases developed after their exposure in Juarez . . . . .	23	30	25	17	12
Report per thousand.....	0.93	1.27	1.02	0.69	0.40

The sanitary and social experience of primary interest which is being developed in these two neighboring cities is creating extensive repercussions throughout our Republic, including the Capital. The example of Juarez in closing up prostitution was followed recently by the Border cities of Sonora: Nogales, Naco, Agua Prieta and others. States in the interior of the Republic are adopting similar regulations, inspired by the same purpose of social protection. The President of the Republic, General D. Manuel Avila Camacho, has given his

\* See article reprinted from December, 1942 JOURNAL OF SOCIAL HYGIENE, *When Brothels Close, V.D. Rates Go Down*, by Basecom Johnson, Jr.

wholehearted support to this work and has addressed a circular letter to Governors of the States with the object of calling their attention—"to one of the dangers which most threaten and compromise the success of our present defense measures: that of venereal diseases, which cause a greater number of disqualifications than any other single cause, and as much in the civilian as in the military, constitute one of the most serious factors of inefficiency."

The letter says further:

"It is proved without a doubt that the most propitious means for the rapid propagation of these pernicious evils are the vice centers, since a very high percentage of their residents are found to be infected. These vice centers are equally the focus of a cumulation of dangerous and anti-social activities which increase delinquency and which, under present circumstances, may be utilized as agencies or bases of operation for subversive and disloyal elements."

"This grave danger may be successfully combatted by means of health programs intelligently coordinated with measures of administrative and judicial character and with vigorous educational campaigns. It has been demonstrated that the recent successful experience in Juarez is perfectly feasible. We should attack this problem with resolution and energy, which is so much more urgent now that the civilian population has to such a large degree participation in the activities of national defense."

"In view of the above, I ask that you encourage the enactment of federal and local laws for the purpose of developing a national campaign for repression of prostitution, not only in cities, but also in rural areas, closing tolerated districts, doing away with periodic medical examinations of prostitutes, repressing clandestine meetings of all kinds and applying pressure of the penal law to all who exploit vice. The adoption of measures of this nature will be a valuable aid in increasing the results of the activities which the Public Health Service of the Republic of Mexico is carrying on, in its three-fold aspect—educational, preventive and curative—with the object of successfully controlling venereal diseases. This program of repression has been started and is in full swing in Juarez, where there is the finest cooperation between the Department of Health, the Pan American Sanitary Bureau and the Municipal Authorities. A reduction of more than 50 per cent in the number of infectious contacts has already been effected, with consequent benefit and advancement for the entire population . . . ."

There is yet another lesson to be learned from this experience on the Border, and which I desire to point out and stress especially. As I have explained, in the western cities on our dividing line—Juarez, Nogales, Nace, Agua Prieta—a program for repression of prostitution has been started. But on the other hand, in cities in the eastern area—Matamoros, Reynosa, Nuevo Laredo, Piedras Negras, Villa Acuña—as yet no repression has been initiated and there still exists a system of regulation and tolerance of prostitution. Under these conditions, with the true facts in our possession, we

can make an easy comparison of the two systems: *Repression* vs. *Tolerance*, in regard to the results. And from pure and simple observation of the bare facts, we can deduce categorically the conclusions condensed in schematic form, as follows:

REPRESSION	TOLERANCE AND REGULATION
<i>Lessens</i> the number of contacts	<i>Increase</i> the number of contacts
<i>Checks</i> the growth of prostitution	<i>Favor</i> and <i>stimulate</i> the development of prostitution
<i>Represents</i> the clandestine contacts	<i>Increase</i> clandestine contacts
<i>Facilitates</i> location of the focus of infection	<i>Make difficult or impossible</i> location of the focus of infection
<i>Reduces</i> the prevalence of venereal diseases	<i>Increase</i> constantly the prevalence of venereal diseases

If any doubt remains about what road to follow regarding prostitution, considered from the point of view of the spread of venereal diseases, I can answer with this experience and affirm emphatically that the repression process should be adopted without further discussion and all idea of regulating prostitution should be definitely abandoned. Regulation, as is abundantly demonstrated, means not only *tolerance*, but *protection*, *stimulation*, and *fomentation*, with steady aggravation of all the pernicious consequences and all the evils which flourish along with prostitution itself: venereal dangers; sordid exploitation of women and minors, as instruments of a sordid, well-organized commercial business; rowdyism, white slave traffic, drunkenness, etc., that is to say, everything that favors the development of crime, social degradation and diseases not only terrible because of individual consequences, but also for the grave consequences for posterity. And it is obvious and incontestable that the State and Society should be interested in the repression plan, because less expense and an increase of individual productive capacity are involved in undertaking a real *preventive campaign* against venereal diseases, *than in supporting the sick and seeing the number increase daily*.

The work done at this Regional Conference offers encouraging prospects to the highest degree.

Facing the problem in its fullness and complexity and on a human and scientific level, which proposes really and effectively to reduce the prevalence of venereal diseases, the deliberations of the Conference inspire confidence that we shall reach, in time, the best and fullest solutions possible. The tree which we see full of life, and abundant with leaves and fruit was first a tiny and delicate seed. Work, cooperation and good will are the climate and environment most propitious. How splendid for the Americas this fine example of solidarity, whose beginnings were so small, overflowing with fertile fruits to protect our health, to make our individual heritage more sacred and valuable, and without which all right and liberties are mere illusions.

*Afternoon Sessions—School of Tropical Medicine***PUERTO RICO DOES HER PART IN THE FIGHT****GROUP I. KNOWLEDGE IS A STRONG WEAPON**

*Presiding: Dr. TOMÁS BLANCO, Director of Health Education, Puerto Rico Department of Health*

*Discussion Leader: CAPTAIN JOSÉ CHAVES, MC, U. S. Army*

*Secretary: MISS ALICE H. MILLER, Health Education Specialist, U. S. Public Health Service, District No. 6, San Juan, P. R.*

**REMARKS BY THE CHAIRMAN**

In the strenuous battles for the control of public health problems, knowledge is a strong weapon. So are prophylaxis and treatment, so is legislation. Since it is obvious that meaningful legislation, useful prophylaxis and proper treatment must be based on clear understanding of the scientific factors involved, therefore knowledge takes precedence as a basic element in all other means of combat. But like every weapon, the efficacy of knowledge—or of the dissemination of knowledge—depends more on the intelligent application we make of it, and on the willingness and readiness to use it correctly and ably, rather than on the strength and reliability of the weapon itself.

In the same way that a law can be only as effective as the disposition of the people to comply with it or the determination of the community to support it, knowledge in itself—the mere accumulation of bare facts and cold data—is powerless unless honestly, earnestly and deftly put into service, and in such a consistent and repeated manner as to create eventually a good measure of automatic responses in accordance with the information gained. In other words, knowledge must influence behavior, behavior must be guided by knowledge, if our purpose is not to be frustrated, if our efforts are not to be wasted. The extent of learning's immediate, practical value depends on the degree to which it is incorporated as part of the personality, and thus helps in the formation of habits, customs and traditions.

In a broader scope than it directly concerns us now, this is a cultural process by which it may be said that knowledge becomes wisdom.

Our practical aim and justification for divulging public health information among the people is not simply to acquaint them with abstract and idle knowledge; but to attain results in actual conduct. Therefore, the subtle differences between convincing and persuading, between instructions and education must be borne in mind; an attempt must be made to influence or to alter what we might call the people's background—the sum total of their notions, their experience, their training, their norms and cultural patterns,—in all that concerns the prevention and treatment of disease and the control

of epidemics,—as the best grounded method of conditioning their behavior in public and private health matters.

If the above is accepted, immediately it becomes evident that the health educator must possess certain gifts and acquired qualifications to be able to carry on his work successfully.

I will not try to enumerate a list of the ideal desirabilities in the health educator—that would be rather tedious and somewhat beyond the point; but we may set down one qualification as basic: in order to instruct without misleading, he, himself, must have sufficient knowledge and clear understanding of the matter on hand. Rather than run the risk of broadcasting misinformation and spreading confusion, either ignorance must be humbly avowed, or else all discussion postponed until sound information on the subject is learned. Complete and absolute silence is the only other alternative. This is so obvious as to be axiomatic, and so it sounds uncalled for; but unfortunately, amongst us, it is not altogether unnecessary to mention it.

In order to be convincing, the health educator must not only be truthful and sincere, but must sound plausible also and, above all, he must make himself plain: he must be well understood. So, he must have as perfect a command over his means of expression as possible, and be particularly well acquainted with the resources of the vernacular. This implies, among other things, a capacity to adapt his attitude and his language to the age and the intellectual or educational level of his audience. In order to be persuasive, he must give due care to the psychological approach; and in so doing he must not only be apt but also deft. He must be able to appeal to both the altruistic instincts of the human herd and the egocentric impulses of the human individual in such a way as to elicit the desired, harmonious, constructive response. But he must not preach in a vacuum. Any effort to persuade and educate defeats its own purpose and is bound to cause disillusion and even despair, if contact with reality is lost. Extravagant hopes must not be aroused; useless and harmful fears must not be fostered. Remedies beyond the means of the audience should not be prescribed, and advice that is materially impossible to follow should not be given. As the Spanish proverb runs: "One must not demand pears from the elms." So, the relative facilities and opportunities offered by the country and the organized community must be carefully taken into consideration, because public health problems are sometimes dependent, in too large a measure, on stubborn socio-economic evils that no amount of pure health education alone can defeat.

Knowledge is indeed a strong weapon, but the stronger the weapon, the abler, the wiser should be the hands that wield it. And it is wisdom to realize that the ultimate goal of our educational campaign is to exercise a formative influence on the character and behavior of the individual and a favorable conditioning of the background of the group.

## ACTION ON THE HOME FRONT

ELENA BONILLA, R.N.

*Health and Hygiene Specialist, Agricultural Extension Service,  
University of Puerto Rico*

We celebrate today a regional conference on social hygiene, with the purpose of coordinating the ideas and efforts of all the institutions and agencies here represented, to put to flight one of our most powerful enemies—venereal disease.

It is not necessary to repeat that our nation is involved in a world conflict and that everyone, no matter who he is, should contribute in one way or another to help win the final Victory.

It is a well known fact that our fighting people must be healthy. Special attention and care are offered to our enlisted men, to eliminate all those diseases that are a menace to their health and to their energy.

Experience has taught us that keeping our army healthy is as important as keeping the health of civilians. Well known to us are the words of President Roosevelt, when he said that this is a conflict where we are all involved and that every individual is responsible, as a citizen, for maintaining the principles of liberty and democracy. The National Executive also stated that the final victory depends on the health and wealth of the Nation.

It is our duty—men, women and children—to help and further all efforts to prevent venereal disease. Puerto Rico has done and will continue doing its part to control this Enemy No. 1—and to defend the armed forces stationed here.

We can say that this war taught us the need of coordinating all our power to struggle against this enemy. There are two ways of fighting this enemy: the curative—that is to eradicate the disease where it exists, and the preventive—which tries to avoid its spreading further.

Ignorance is the strongest ally of our enemy, venereal disease. Just a few years ago, it was a hard task to make a public speech about syphilis or gonorrhea. They were considered a secret, a mystery, and a dishonor. This was one of the reasons why those suffering from these diseases preferred to keep it secret. Others consulted quacks in the hope that they were going to be cured. Instead, they ruined their health completely.

Today, all health agencies are working hard to spread appropriate knowledge wherever it is needed. We are teaching our people to get away from the risk of this evil and convincing them of the existence of this harm. To a great number of people, venereal disease has no meaning at all. We have to teach them, we have to interest them in keeping their bodies and their minds healthy. It is our duty to remind everyone of the responsibility to contribute with his share to maintain a healthy and strong nation.

All private and government agencies are trying to educate our

people how to eliminate those murderous diseases. There is no doubt that if we speak of the "spirocheta," or "Treponema Pallida" people will not understand us. But we can explain the existence of a germ that, when it attacks the human body, destroys not only the blood, but the health in general.

I know that not a single parent remains indifferent before the prospect of having abnormal children. They do not like to play a part in the Bible prophecy, "The sins of the fathers are visited on the children." They are anxious to learn how to keep well and have healthy families.

The Agricultural Extension Service Agency, which I have the honor to represent in this conference, is carrying on an educational campaign on Social Hygiene. This campaign against venereal disease, is being carried on all over the island, in the rural areas, cooperating with other agencies which educate our people living in the urban zones.

The Agency I represent here works hard and enthusiastically among the rural groups in its efforts to combat venereal diseases. With this aim, we celebrate annually during the entire month of February an intensive campaign against syphilis and gonorrhea. Our country people are ignorant, most of them not only do not know the way these diseases are acquired, neither do they know how to protect themselves, nor how to seek treatment, and cure if they are diseased. During the campaign each Home Demonstration Agent and Agricultural Agent tries to teach these facts. They prepare radio talks, hold meetings, exhibit motion picture films, visit all the organized groups teaching in one way or another what to do to prevent infection and where to go for treatment. Trained leaders help the Agents and educational material, supplied by the Insular Health Centers, is distributed. Also the blood of 4-H boys and girls is examined.

Our health campaign continues throughout the year, because there are other than social hygiene phases included in our program.

To give you an idea of the work accomplished by the Agricultural Extension Service during the last year I must say that 79 meetings were held with an attendance of 2,137. We distributed among our rural people 2,437 copies of bulletins and mimeographed educational material regarding these diseases.

I have observed that the lack of knowledge among our rural people is due to the fact that they are not given the attention needed. It must not be forgotten that 60 per cent or more of the population of the island lives in the country areas. It is the patriotic and civic duty of all the agencies to spread knowledge wherever needed but it is an even higher patriotic duty to teach our country people. They need our help more than anybody else because they do not have the opportunity to learn that town people do. The aim of the Agricultural Extension Service is to raise the standard of living of the rural families.

Side by side with the educational campaign we have arranged that more than 100 young girls and boys, 4-H members, have had their

blood examined at the Health Centers. It is a pity to have to say that because of scarcity of personnel and material, due to the war situation, it was impossible to examine the blood of all members belonging to the 4-H Club in Puerto Rico.

We do not lose any opportunity to instruct our country people to make use of the services rendered by other agencies and by the Department of Health through the Health Units. We want the people to realize the importance of their being in contact with the health centers to maintain and improve their health.

The Agricultural Extension Service has been working hard and will continue working to help our people to live sane and healthful lives.

It is the duty, not only of the government agencies, but a duty of every citizen to help to maintain a healthful nation, especially during these war days. We need a healthy army and we must all strive to maintain the health of ourselves and our families.

#### POWER OF THE PRESS

EMILIO E. HUYKE

*Representing the Puerto Rican Newspaper Association*

No other organization can be more interested in a meeting of this kind, than a Newspapermen's Association; no other profession can be more eager to share the responsibilities with the doctor in a fight against social diseases, than the newspaperman; no other profession can be more willing to devote its full efforts to the realization of the plans set forth by the medical profession to fight such diseases, than Journalism, because when the history of this fight is written, it will be necessary to specify that the greatest share of the blame for the lack of information on the dreaded diseases, and of the consequences of such ignorance, belongs to Journalism and to the newspapermen of the world.

Such is the "Power of the Press." A power that can be used actively in a positive way, to further the good, or used passively, in a negative manner, to further the evil. Once in the history of Journalism was the newspaper misled to believe that it served better its purposes and duties, if it kept away from its readers what we now agree should have been discussed freely. It was not that the newspaper refused to discuss such problems, but that it worked in accordance with the ideas of the society it served. The ideas of that society were that a high sense of morality, as interpreted then, prevented even the indirect mention of such diseases.

But there have been many other instances where the newspaper broke away from its charted course to discover new horizons, and the truth is that regardless of the interpretation given to what the newspaper really is, here was an opportunity to become a guiding light in the darkness of ignorance, and a powerful weapon in the hands of the medical profession,—to fight an enemy more powerful

and more destructive than ninety per cent of the best known dangers the youth of the world faces, one generation after the other.

In this specific instance the newspaper kept its course, and once, twice, and as many times as attempts were made to break the greatly misunderstood Code of Ethics of Journalism, the newspapers refused to discuss venereal disease problems.

Time has elapsed and many things in life have changed since then. The Code of Ethics of Journalism has also changed.

Simon Michael Bessie in his history of the *New York Daily News*, says:

"No better illustration of the *News'* editorial vigor could be found than that offered by its recent series of articles on syphilis which won a 1936 Pulitzer Prize in journalism for their author. . . . While other newspapers persisted in hiding the problem behind a veil of euphemism (social disease), and printing as little as possible about the matter, the *News* ran several well documented articles and gave tremendous impetus to the long overdue movement for the eradication of a cancer which exists largely because the press has refused to aid in stirring the public from apathy."

The year 1936 was only the beginning. In later years, when the printing of a photograph taken at an execution created certain furor and again what should, and what should not be printed was discussed, the Reverend Charles Francis Potter wrote:

"When you come to think of it, why not have cameras? Why not have moving pictures and sound films? If these executions are supposed to have a deterrent effect on other criminals, why not exhibit all over the country a vivid record of the entire proceeding? If it is all right for the public to read a printed account, why is it wrong for the public to be given the story by a more accurate medium? Ah, that's the trouble! The photographs could be too vividly accurate. Written accounts can be toned down."

The beginning of World War II brought a new interpretation to newspaper work. Written accounts may be made brief, but they cannot be toned down. The written account, as life itself, must be real. The newspaper must use in an active way its great power. The "Power of the Press" must be used in a positive way. It is now that the newspaper offers itself as a powerful weapon in the hands of the medical profession.

We are most fortunate because it isn't too late. And the Power of the Press, we all agree, can succeed in serving Society in this campaign.

EDITOR'S NOTE: An important contributor to the program of Group I was MR. FRANCISCO ACEVEDO, Radio Commentator for San Juan's Station WKAQ, and Chairman of the Education and Publicity Sub-Committee of the Puerto Rico Committee on Social Protection. His subject was *Two Million People Listen and Learn*, and

his extensive radio audience will join with the Editors in regretting that circumstances prevented preparation of a manuscript for inclusion in these *Proceedings*. In brief, he said: Radio plays one of the most important parts in any program of education. Nearly every home in Puerto Rico had access to or owns a radio. The people who are responsible, then, for giving programs on health must know the facts and must be sure that these programs are scientifically correct. Dramatic sketches by far lead the other types of programs in the popular appeal they carry. The time of the day that programs are given will have an important bearing upon the number of listeners. Radio stations are always willing to give time for health broadcasts.

The talks and discussion in *Group I* were supplemented by the showing of the Spanish version of the American Social Hygiene Association's film, *With These Weapons—the Story of Syphilis*.

An adjunct also to this session was the exhibit of posters, placards, charts and other graphic materials, plus a supply of pamphlets and leaflets for distribution, which was arranged by Dr. Blanco and Miss Miller as Chairman and Secretary of the session.

#### GROUP II. MEDICAL DIAGNOSIS AND TREATMENT ARE STRONG WEAPONS

##### Round Table Discussion Presenting Viewpoints of Various Agencies Responsible for Venereal Disease Control

*Presiding: DR. JOSÉ N. GÁNDARA, Assistant Commissioner of Health, Puerto Rico*  
*Discussion Leader: DR. PABLO MORALES OTERO, Director, School of Tropical Medicine, San Juan, P. R.*

*Secretary: DR. ERNESTO QUINTERO, Chief, Bureau of Venereal Disease Control, Puerto Rico Department of Health*

##### REMARKS BY THE CHAIRMAN

It is a great honor to have participated in the first Regional Conference on Social Hygiene ever held in Puerto Rico, to have the opportunity of welcoming so many distinguished guests and participants, and to hear of the work being carried on elsewhere in venereal disease control.

As evidence of the important part which medical knowledge plays in the control of these diseases I might point to such developments as the curricula in public health nursing which have contributed to make the expansion of our venereal disease clinics possible, and the development of new methods of therapy for syphilis which hold a promise that in the not too distant future this dreaded disease may be cured within a period of days or weeks instead of months and years. Or I might mention that valiant group of physicians, many of them already skilled in combatting syphilis and gonorrhea in the general population, who as the venereal disease control officers of our armed forces, with the aid of their colleagues still serving the civilian community, have spearheaded a program which has materially reduced the venereal disease rate of the armed forces.

But it is hardly necessary to go so far afield. I note with pleasure that the attendance of our group meeting, in which the power of medical diagnosis and treatment as strong weapons was discussed, comprised not only 34 doctors, 32 nurses and six social workers, but in addition more than 30 participants representing other special points of view important to the welfare of the community. Papers read and discussions presented by doctors, nurses and sociologists all pointed out how vital and basic a strong medical program is in venereal disease control and how it can be implemented and sustained by means of other kindred and friendly disciplines.

This group meeting shows again how eagerly our whole society awaits a chance to work for a community in which good health has become an accepted part of the life of all men and women, and which freedom from venereal disease will be one of the basic freedoms.

The Chairman wishes to express his deep appreciation and gratitude not only to the members of this group, to Doctors Pablo Morales Otero and Ernesto Quintero who carried out the duties of Discussion Leader and Secretary so ably, but also to all the distinguished and socially minded persons attending the meetings who phrased these central thoughts so clearly and who will implement them in their several spheres.

#### ROLE OF THE PRIVATE PHYSICIAN

C. E. MUÑOZ MACCORMICK, M.D.  
*President, Puerto Rico Medical Association*

The view that syphilis is an ancient disease which has existed among civilized peoples since the dawn of history is strongly supported by the bony changes, typical of the disease, found in mummies; by the early Egyptian and Assyrian inscriptions and by claims that a Chinese medical treatise written more than 20 centuries before the Christian Era contains direct reference to the disease. The great epidemics of syphilis which occurred during the middle ages were mere recrudescences of an already endemic disease. The fact that the spread of one such epidemic throughout Italy in 1493 coincided with the return of Columbus from one of his trips to America gave rise to the theory that syphilis was introduced into the civilized world by his sailors and spread thereafter by the soldiers of Charles III.

The venereal origin of syphilis was not generally recognized early in the Middle Ages. Later on it became to be regarded solely as a venereal disease and was not differentiated from other venereal contaminations. In the Nineteenth Century it was studied because of its dermatological interest and it was not until the early part of the Twentieth Century that the conception of syphilis was greatly broadened and it came to be considered as a general disease with protean manifestations. This was after the discovery in 1905 by Schaudinn of the treponema pallidum as its causative agent, and later on,

in 1913, by the contribution of Noguchi to our present knowledge of neurosyphilis.

The fact remains that syphilis and other venereal diseases are known to humanity as incapacitating and devastating social burdens since ancient days. Up to relatively recent times syphilis was considered as the product of sexual corruption; the fruit of sin; a stigma of moral degeneration. Thus, it was kept as a secret disease and it was outrageous even to dare talk in public about such a filthy malady.

Fortunately, things have changed and the road to success has been laid wide open to all institutions and organizations interested in the control of this disease, with its complete eradication as an ultimate goal, through a better and more comprehensive attitude on the part of society as a whole, giving course to the all important factor, basic, fundamental, in the fight for social hygiene: education. Thus, the private physician today is placed in a more advantageous position than heretofore to render effective cooperation in the fight for the eradication of these diseases, since he is now able to educate his patients frankly without restrictions of any sort because of possible resentment on the part of the public.

The Puerto Rico Medical Association as an entity, and some of its prominent members individually, have been contributing to this campaign practically since its foundation, and even long before that, our physicians in Puerto Rico, in collaboration with prominent citizens interested in the sociological aspects of venereal diseases had laid plans for tackling this difficult problem. Available records show that approximately half a century ago, Dr. A. Vázquez Prada, in a committee with Federico Degetau and Manuel F. Rossy, made recommendations for the control of prostitution in the city of San Juan, in an effort to lower the incidence of venereal diseases, which then, as now, had created a problem among the armed forces. It is interesting to see how well oriented they were in their recommendations, which followed more or less the same trend of thoughts that prevail among us today.

When they were still devoid of the facilities for free discussion in public about this disease, many distinguished members of our Association, challenging criticism and opposition, have come forth in the fight for education and proper orientation of the general public. Now, with the facilities of coordinated action among public agencies interested in this problem, the work of the private physician, which continues to be of paramount importance in the solution of same, has been, in my opinion, rendered less difficult and more effective. The private physician is now in a position where he can freely discuss this disease with his patients, in private, or with the general public as a whole.

The importance of darkfield examinations of any cutaneous lesion, no matter how remotely suspicious of syphilis it may be, can be explained and urged and the facilities for carrying out examinations are available throughout the island. The importance of immediate institution of proper treatment can be enforced by explaining the com-

plications and ultimate results of syphilis and gonorrhea. Facilities are available for adequate therapy to all social strata and freely accessible to the indigent classes, thus doing away with the possibility of deficient treatment because of financial embarrassment. Prophylaxis, one of the most important weapons to be used in the eradication of venereal diseases, can now be brought to an utmost degree of effectiveness through proper education of our youth.

I am not going to enter into detailed considerations of the therapeutics of the disease or its sociological aspects nor of its sanitary control, because these topics will be properly dealt with by experts in the matter gathered here today.

However, there is one point which because of its extreme importance, I wish to consider very superficially and leave it in your minds for study. It is extremely difficult for the private physician, in a great number of instances, to follow up their cases properly or to compel patients to finish the course of treatment indicated for their condition. A very intimate cooperation between the Department of Health, through its social workers, and the private physician is essential to do away with or minimize these difficulties. We all know that the tendency of our people is such as to abandon treatment as soon as sufficient improvement has been attained and they are rendered symptomless, and this, logically, will bring about latent manifestations of the disease and result in detriment to our effort.

Medicine is frequently called the noble profession, because it is the profession that tries to render its services unnecessary through education and prophylaxis. The private physician being true to these precepts, will no doubt continue to give his full cooperation to this cause, and even more so now when not only are we fighting the disease entities because they are incapacitating and devastating burdens to society, but because they have become a nuisance and hindrance to our war effort. Let us all join whole-heartedly and unyieldingly in this crusade against venereal disease.

#### FIGHTING VENEREAL DISEASE AMONG MILITARY PERSONNEL

LIEUTENANT COLONEL B. D. HOLLAND, M.C.

*Department Venereal Disease Control Officer, U. S. Army,  
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The primary concern of the military forces, with reference to venereal disease, as in any disease, is the effect which such diseases have on the combat efficiency of the fighting troops, and inasmuch as the goal of the military forces is victory, the army strives both to prevent venereal disease and to restore to duty in as short a time as possible those soldiers who do become infected. The strong weapons, diagnosis and treatment, are thus used by the army to supplement that most powerful of all weapons against venereal disease, prevention.

Let me cite briefly the measures used by the army to prevent venereal disease:

1. Prophylactic materials, including condoms and individual chemical prophylactic packets are made available to the soldier and all soldiers are instructed in their use.
2. Stations are operated by trained personnel of the Medical Department in our army camps and in civilian communities as well, for the purpose of administering chemical prophylaxis and also, under certain conditions, administration of sulfathiazole by mouth. Therefore soldiers who have engaged in extra-marital sexual relations may secure prophylaxis in addition to the individual prophylaxis just referred to. Special care is taken to insure that intoxicated soldiers receive a thorough prophylactic treatment on return to their stations.
3. Soldiers are educated concerning the nature of all forms of venereal disease, the mode of their spread, and the dangers attendant upon sexual promiscuity and excessive indulgence in alcohol. The value of prophylaxis is emphasized. Use is made of lectures, radio transcriptions, films, pamphlets, posters, data obtained in epidemiological reports, and demonstrations to properly instruct our troops not only in the methods of prophylaxis, but also the aftermath which may follow infection by a venereal disease.
4. Disciplinary control is exercised over those soldiers whose past record and general behavior indicate that they are prone to contract venereal disease.
5. Wholesome recreation and entertainment are provided for the troops in garrison.
6. Commanding officers of all grades are charged with the responsibility of the control of venereal disease.
7. Medical officers are assigned at army posts and stations as full-time venereal disease control officers and are constantly on the alert to any conditions which may raise the venereal disease rate in regions under their jurisdiction.
8. All cases of venereal disease among soldiers are investigated epidemiologically. This is done for the purpose of furnishing civilian health agencies with such information concerning the infected woman as will permit them to locate her and place her under treatment, and for the purpose of discovering and coping with factors which cause soldiers to contract venereal disease.
9. Cooperation is also extended by the military to the civilian police in an effort to discourage the activities of prostitutes and procurers in the vicinity of military reservations and installations.
10. Certain areas and establishments, outside of military reservations, which are actual or potential sources of venereal disease hazard are declared "off limits" for the armed services.

All these measures have achieved worthwhile results as is shown by the fact that the venereal rate among the soldiers in the Puerto Rican Sector, for 1943, is but three-quarters as high as the rate for 1942.

Having presented this background, I shall briefly discuss the diagnosis and treatment in use in our military establishment.

All men called for induction into the army are subjected to a thorough-going physical examination, including serological tests for

syphilis. This examination serves to uncover venereal disease if such be present.

Each month soldiers are subjected to a thorough physical inspection which usually reveals any case of venereal disease not previously reported by the infected individual.

Moreover, soldiers are impressed with the seriousness of venereal disease in terms of effect to their health. They are shown the folly of self-treatment and urged to report at once should they develop any symptom which might indicate a venereal disease. Under the present regulations there is no punishment imposed upon the soldier for contracting a venereal disease or for failure to take prophylactic treatment after intercourse. Therefore the soldier has nothing to lose and everything to gain by promptly reporting his infection. He will lose but little time from duty inasmuch as treatment is administered on a duty status and, therefore, lose but little pay, for soldiers hospitalized for venereal disease forfeit all pay and allowances during the period they are absent from duty due to such an infection.

The army insists that soldiers report their venereal infections promptly in order that scientific treatment may be undertaken early and the soldier restored to full fighting efficiency in the shortest possible time.

Soldiers are provided with the best of medical care and may avail themselves thereof at any time. The latest laboratory tests and technics are employed in the diagnosis of venereal disease. Venereal diseases are treated in the army by the latest approved methods, adapted to the needs of the military service. The Surgeon General of the Army avails himself of the assistance of the National Research Council and promulgates scientifically correct instructions to guide medical officers in the treatment of these diseases. The medical officer is allowed the necessary freedom in modifying the prescribed forms of treatment to meet the needs of individual cases.

The sulfa drugs (sulfathiazole and sulfadiazine) are the main agents used for the routine treatment of gonorrhea. Local treatment is not used in acute uncomplicated cases. Uncomplicated cases are given one course of the sulfa drug on a duty status. Complicated cases and those not cured by one course of the drug, on a duty status, are hospitalized and another course of a sulfa drug is given. If the case has not been cured by two courses of sulfa drugs, as shown by demonstration of the gonococci in exudates by means of smears and cultures, when possible treatment with penicillin is then instituted. Results achieved with the sulfa drugs have been not altogether encouraging. A considerable proportion of cases have to be treated with penicillin. Spectacular success has been achieved with this drug. Most cases can be classed cured. This has been established not only by the disappearance of symptoms, but by negative follow-up cultures. The few cases which do not respond to penicillin are then subjected to fever therapy. In all

cases of gonorrhea the infected soldier is subjected to a serological test for syphilis.

Syphilis, if primary, secondary or latent, is treated with mapharsen and bismuth subsalicylate on a 26 weeks' schedule, 40 doses of mapharsen and 16 of bismuth. Cases of tertiary syphilis, cases showing special complications and cases manifesting untoward reactions to the drugs used are given various forms of treatment, pursuant to the instructions of the Surgeon General and modified to meet the special needs of the individual case. The progress of the treatment is followed by serological examinations of the blood and spinal fluid and by careful physical examinations including x-ray and electrocardiographic examinations when indicated clinically.

Cases of chancroid and lymphogranuloma venereum are treated with sulfa drugs, generally sulfathiazole and sulfadiazine, and granuloma inguinale with tartar emetic and fuadin. Such local treatment is administered as may be necessary. Examinations for syphilis are made in all such cases routinely.

Soldiers suffering with venereal disease are restricted while in the infectious stage, as a public health measure, and are not released from restriction until treatment is well established and infectiousness controlled.

Careful records are maintained in the army in the management of venereal disease, both in order to insure the excellence of the professional care rendered as well as to compile scientific data to evaluate and to improve present procedures.

It can be said, then, that every effort is being made and every proven method capable of being used in the military service is employed by the army to prevent, diagnose and treat venereal disease. I have limited my remarks to the army, but all the armed forces are equally as alert to provide efficient preventive measures and methods of dealing with venereal disease.

#### THE LOCAL PUBLIC HEALTH OFFICIAL

JACK C. HALDEMAN

*P. A. Surgeon, U. S. Public Health Service, District No. 6*

One of the most important advances in medical science during the last quarter century has been the demonstration of the fact that prevention of disease must occupy a position of paramount importance if we are to fully realize the benefits of scientific knowledge.

Whereas the private physician and the medical officer of the armed services are primarily interested in the health of the individual or a specific group of individuals, the public health worker is primarily interested in the health of the entire community he serves and is faced with the responsibility of initiating a program with this in view.

Under the American system the ultimate responsibility for carrying out the attack is placed in the hands of the local health department, the personnel of which are aided by the planning and consulting services of personnel attached at higher administrative levels. Under this system the success or failure of the program depends largely upon the ability, initiative and resourcefulness of the people in the field doing the actual work. This implies that sufficient authority must be vested in them to effectively utilize these qualities. Due to the importance of the local health unit in the public health picture it is felt desirable to limit the discussion in this paper to matters relating to local health work and to factors affecting its efficient operation.

An indispensable prerequisite to efficient operation in a health unit, as in any organization, is the maintenance of high morale among its personnel. Stability of the personnel structure is a most important factor in this, but tenure of office should be contingent solely upon meritorious service. The personal desires of the employees concerned should receive major consideration when transfers become necessary and these should be kept at a minimum. Also the primary loyalty of the personnel must be directed to the community being served and to the administrative head of the specific health unit in which they serve. This of necessity requires that the administrator be given an important voice in the selection of personnel employed, subject of course to limitations imposed by merit systems and administrative guides established by higher authority.

The venereal disease program of a health unit is one that is of utmost importance and one that necessitates careful local planning. One of the most important considerations in this is the controllability of the venereal diseases through the discovery and early treatment of the infectious person.

Two methods are usually utilized in case finding. One deals with routine examination of specific population groups such as selectees or industrial groups. The other method deals with the epidemiological investigation of persons having had intimate contact with infectious cases of venereal disease.

If maximum good is to be obtained from personnel engaged in contact tracing, priority must be given to the following types of contacts:

1. Marital or extra-marital sexual contacts of infectious cases.
2. Children born to mothers with syphilis.
3. Brothers and sisters of cases with congenital syphilis.

A similar priority is established in case holding. The early case of syphilis which lapses from treatment is a danger to the community, whereas, the late-latent case is not.

Although the clinic load gives an indication of the volume of work being done by a health unit, a more reliable index of the efficiency of case holding activities from a public health standpoint are monthly reports relative to the number of infectious cases under treatment and the per cent of lapses in treatment among such cases. Data relative to pregnant women under treatment might also well be added to this list.

The case-finding and case-holding activities of the field staff can easily be nullified if recognition is not given to some of the following common reasons given by patients for failure to continue treatment until they are rendered non-infectious:

1. Failure to explain the nature of the infection and to stress the importance of treatment from both personal and public health aspects.
2. Clinic quarters inadequate for or inaccessible to the people to be served.
3. Lack of enough sessions at convenient hours to meet the needs of the community.
4. Dirty and unattractive quarters.
5. Lack of privacy.
6. Rough or discourteous handling.
7. Frequent change in personnel—particularly those who give medication by injection.
8. Poor therapeutic technique in the clinic resulting in unnecessary pain.
9. Long intervals spent in waiting rooms.

It has been said that "A sharp needle, a cheerful attitude and an expressed interest in the patient's well being" are the best case-holding techniques known.

A number of points merit consideration in a discussion of clinic management. What is the average number of patients that can be seen per clinic, and the average number of new patients? What should be the number and distribution of personnel according to clinic function? The experience in the Continental United States has been that more economical use can be made of professional personnel when a three hour clinic session is geared to handle two to three hundred patients. Experience has shown that even in rural areas some hundred or more patients can be easily attended by one physician if the proper provision is made for the flow of patients through the clinic, and if the services of non-medical personnel are properly organized. An analysis of the work-flow in any given clinic, utilizing a diagram of floor plan of available space and arrows to indicate clinic flow, will frequently indicate the inevitable confusion resulting from bottle-necks or back-tracking on the part of patients.

It is commonly stated that a desirable clinic arrangement cannot be obtained due to lack of sufficient clinic space. This is unfortunately true in some cases. However, in many health departments there is space available which is allocated to some other activity

but which is not being used during the hours venereal disease clinics are held.

Treatment room bottle-necks are often traced to insufficient equipment. In the case of arsine oxide treatments, time is saved by mixing the drug in quantity in advance of the rush and loading 20 to 30 syringes and having an additional supply of dry syringes for taking routine blood tests.

A critical analysis of duties performed by professional personnel is indicated in view of the acute shortage of physicians and nurses. Duties not of necessity requiring professional skill can be turned over to non-professional clinic attendants or lay helpers. This increase in the responsibility placed on non-professional personnel emphasizes the importance of taking special care to select people with the highest possible qualifications for these positions.

The subject of records presents a controversial subject. Persons better informed than I scoff at my statement that a simple single clinic record is sufficient to meet the needs of the clinician and prefer separate forms for different diseases. Additional records are of course necessary for administrative purposes, but in my opinion, these can be kept simple and few in number. Items need not be allowed to stay on required reports which do not form the basis of administrative action. It would seem that the bulk of "paper-work" could best be performed by clerks, allowing nurses and other professional personnel to concentrate on more important activities.

It is felt that data collected primarily in the interest of research is best obtained on special forms for use in selected areas. In that way the forms can be discontinued at the termination of the special study, whereas, items placed on routine forms for such purposes remain after their usefulness has ended.

Laboratory technicians tell us that some of the causes of delay in obtaining reports of results of laboratory tests may be prevented in the local health department. In the case of blood specimens, hemolysis is often prevented by seeing that water is not present in syringe or test tube. A decrease in the number of unsatisfactory specimens has been reported in areas where blood samples pending shipment are kept in an ice-box and where local arrangements have been made with transportation facilities which expedite the delivery of specimens to the laboratory.

Reference to educational and epidemiological interviews, treatment methods and staff education have been of necessity omitted in this discussion of clinic management but are obviously important.

Among non-clinical activities of the health department the informative program for physicians and other scientific personnel is recommended as an important part of the venereal disease program. The lag in time between the discovery of new drugs or techniques in treatment and their general application is unnecessarily prolonged. The treatment of early syphilis is being revolutionized by the intro-

duction of the so-called "intensive" or "modified intensive" methods of treatment, and we should also be prepared to make full utilization of penicillin when it becomes generally available.

In venereal disease as in other communicable disease the duty of the health official in protecting healthy people from exposure to infected persons is clear. A person who is infected with a venereal disease should not be allowed to make sexual contacts for the same reason that a smallpox case would not be allowed in a public meeting. The public health worker, therefore, recognizes that the toleration of prostitution is epidemiologically unsound and consequently actively encourages and supports the law enforcement program of the proper law enforcement authorities.

The interest shown by public health workers in the meeting today and the part they played in making it possible, is a manifestation of the type of interest necessary if the social and economic aspects of the venereal disease problem as well as the medical aspects are to be successfully attacked.

#### SOCIOLOGY AND THE COMMUNITY

JOSÉ COLOMBÁN ROSARIO

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Sociology can render a twofold service in the field of public health, since, after all, public health problems are as genuine social problems as any others that you can select from the sociological catalogue.

Sociology considers social problems as they exist in the total web of social evolution; and in this way keeps people from isolating each problem for study; a procedure which is bound to create numerous and dangerous misconceptions. For example, if we observe prostitution as a separate problem, we might conclude that it is the result of the evil instincts of certain girls, or as the work of unprincipled whiteslave traders who victimize innocent young ladies, or just classify it as one more sign of our declining civilization.

Examining this phenomenon sociologically, we discover that prostitution, everywhere and everytime, since Sodom in the year 1500 before Christ till San Juan, in the year 1944 of our Lord, has always been connected with the following circumstances:

1. Lack of economic security which deprives numerous girls of the common necessities that the other girls in their group possess.
2. Parental ignorance, which, with its misunderstandings and injustices, and cruelties impels numerous girls to follow *any* path that leads away from home.

These two factors create the supply end of prostitution. The demand is created by:

1. The many married men who find at home neither companionship, nor understanding, nor sexual adjustment, and proceed to purchase some of these goods at the prostitution market.

2. The many single young men who in an urban society have to postpone their marriage beyond the time when marriage would normally take place in a rural society.

If we envisage prostitution in this way, we would not consider the prostitute as a delinquent; since she is merely the provider and dealer in economic goods which are in great demand by all sorts of honorable gentlemen in urban groups everywhere. We would try to enlist her cooperation in the campaign to control venereal diseases; instead of treating her as a criminal, and so arousing her resentment and her antagonism against our work.

This is an example of how the sociological method of attacking social problems might be radically different from the plans used by persons without the benefit of sociology.

I said at the beginning that sociology can offer a twofold service. So far, I have described how sociology, by presenting the social problem in the total web of social evolution, can help formulate a more efficient method of attack.

The second weapon that sociology can offer to combat public health problems consists in its comprehension of human nature; for, after all, in attacking public health problems, we are dealing with human beings; and human beings are essentially human minds; that is, aggregates of attitudes, emotions, sentiments, and social inheritance with a little reasoning added to the mixture for good measure. You can conceive of venereal diseases being completely stamped out by the proper attitudes of the community toward the disease, without the use of a single drug or doctor to cure the people infected; but you cannot conceive of these diseases being eradicated without the proper attitudes on the part of the people, no matter how many doctors and drugs you have at your disposal. In other words, the attitudes of the community in the struggle against social problems are as important, at least, as the totality of all other contributing forces.

Everywhere we see evidences of the absolute need of simultaneous treatment of the *body* and the *mind* of the patients; the latter part being within the sphere of persons with sociological training; people who understand human nature; and who are able to influence its reactions. This truth is particularly evident in dealing with the problem of venereal diseases where the long treatment, and the sense of shame attached to the disease create additional obstacles for the smooth working of any combat measures.

I can summarize the point of view of sociology in connection with the community and venereal diseases by stating that:

*First:* We must train the community to see the problem in its proper perspective, without any moral or prudish implications.

*Second:* We must place, side by side with the physician, people with sufficient knowledge of human nature to back up medical work through the creation and cultivation of the most helpful attitudes on the part of the community.

*Third:* We must emphasize prevention rather than cure; and this cannot be done in any other way than by a permanent, aggressive campaign of education. In this campaign we must get the enthusiastic cooperation of the newspapers, the high school and university students, the political leaders, the teachers, the pharmacists, the doctors, the ministers of religion and the prostitutes. It is a sad circumstance that we can say for Puerto Rico, parodying Hornell and Ella Hart's words for the United States<sup>1</sup> that if a young woman selects, at random, as a sex partner, a young man between twenty and twenty-four years of age in one of our cities, she takes about one chance in six that she will expose herself to a young man who is, or should be, under treatment for a venereal disease.

*Fourth:* There is no doubt that venereal diseases are the result of promiscuous sex relations; but promiscuous sex relations are the result of unadjustments in family life; unadjusted marriages, unadjusted boys and girls in their families, plus insufficient or inadequate information of venereal diseases in the community as a whole.

We cannot cope with the problem of family relations without upsetting the whole social web; but we can, without further complications, take up the question of inadequate information. We can, through the proper sociological approach, make the community as conscious of the dangers of syphilis as they were a few months ago of the dangers of the far less dangerous aerial bombings; and we can make the community as active and cooperative in heeding our advice about evading syphilis as they were active and cooperative in following our instructions about the blackouts. Unless we take sociology into consideration, medical diagnosis and treatment are *not* strong weapons.

#### ROLE OF THE PUBLIC HEALTH NURSE

CELIA GUZMAN

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Her role in the control of venereal diseases depends on her preparation, on the policies of the agency which she represents and on her knowledge and attitude about syphilis and gonorrhea.

#### *Her preparation*

Education in the public health and social aspects of gonorrhea and syphilis control should begin in the early days of student training. It is our duty to direct our efforts to improve and enrich these courses in our School of Nursing. Furthermore, the public health nurse who works in this program of control, needs to meet the essential requirements for public health nursing plus a thorough

<sup>1</sup> The Medical Woman's Journal, Nov., 1942. Article: *Legal and Social Aspects of Syphilis in Relation to Marriage and the Family*, by Wendy Stewart, LL.B., M.D., pp. 355 sg.

knowledge of these diseases. At present greater emphasis than previously is being placed on teaching the public health aspects of venereal diseases in the undergraduate schools of nursing in Puerto Rico as well as in the post graduate course for Public Health Nursing in the School of Tropical Medicine.

#### *Policies of the agency which she represents*

What are the policies of the organization in regard to her duties and responsibilities? What is she allowed to do? How much can she accomplish? Until very recently the public health nurse had been given very little responsibility in the venereal disease program in Puerto Rico, and the work was carried out mainly by field agents and medico-social workers. Not so at present; our public health nurses are actually taking a part in the program.

#### *Her knowledge and attitude about venereal diseases*

Her attitude should be objective and free from moral implication; she must be sympathetic and sincere in the acceptance of the patient and his disease. After hearing a diagnosis of venereal diseases, the patient more than ever needs assurance that his morals and character are not criticized.

### DUTIES AND RESPONSIBILITIES OF THE PUBLIC HEALTH NURSE IN THE PROGRAM OF CONTROL

#### *The Public Health Nurse in the clinic*

In places where, according to the policy of the organization, the nurse gives the treatment under supervision of the medical officer, it is advisable to have a clinic nurse. She should not be included in the rotating system, she needs to have high skill, she needs to become a nurse technician. Because of the shortage of public health nurses at present, inactive nurses could be employed as clinic nurses, provided they meet the minimum requirements for public health nursing studies. Later on they might be interested in following this field.

Nevertheless, there should be at least a public health nurse in the clinic as she has an important job to perform. Case-finding, case-holding, and education are her weapons and her greatest contribution to the control program. She interviews the newly diagnosed patients with the purposes of obtaining information of all contacts, of keeping the case under treatment and of educating the patient, thus leading him to see his responsibility for treatment and his responsibility toward the community.

The interview is a difficult situation to cope with as the nurse faces a patient who may be distressed, worried and perhaps ashamed of having a disease usually contracted by intimate contact. Yet she expects him to tell her about his intimate contacts.

In educating the patient, the nurse keeps in mind that telling things which are not scientifically correct just for the purpose of impressing him with the need of treatment is unsound.

The nurse's approach and technique are not the only factors which contribute to case-holding and case-finding. The general atmosphere should be such that it seems a cordial invitation for the patient to return. Provision for privacy, good technique, sharp needles, painless treatment, application of the Golden Rule. "A little less rush and more attention to detail" should be our slogan. An indifferent physician, an irritable nurse, a snobbish clerk, are all perfectly good excuses to stop treatment as soon as one feels better.

In spite of our philosophy of "approach," "establishing rapport," "winning the patient's confidence," we will not be successful in case-holding and case-finding, until we have a better ratio of professional personnel to patient, to provide for satisfactory interviewing and satisfactory clinic management. Because of the lack of public health nurses at present we have to think of ways and means to save the nurses' time. During the duration, many activities formerly performed by her will have to be delegated to non-professional workers. If the nurses were released from many clerical and house-keeping duties they could have more time for the important job of finding the source of infection and holding the case under treatment.

#### *The Public Health Nurse in a generalized program*

The nurse in a generalized program who is constantly alert to the different problems of her families, has a valuable contribution to make in the control of venereal diseases. She has countless opportunities to find new and unsuspected cases if she is alert to abnormal symptoms in the various members of the families that she visits in tuberculosis service, maternal hygiene, infant and pre-school. In her rounds of her district she has opportunity to persuade the patients to remain under treatment long after they claim to feel well.

As a health worker, and with free access to a large number of families, she has an unequalled opportunity to disseminate widely the facts regarding venereal diseases.

#### *The Public Health Nurse as a member of the community*

As a member of the community she holds a strategic position. Through mothers' classes, midwife groups, parent-teacher associations and civic groups, she teaches about venereal diseases as potential hazards, helps them to understand their responsibility as citizens, helps them to know for sure if responsible authorities in the community are meeting their obligations.

As a professional and as a loyal citizen she realized that the control of venereal diseases is essential to win the war; that toward this objective she has a responsibility, the responsibility of helping to break down chains of infection to help conserve manpower.

To summarize: The part that the public health nurse plays in the education of the public and in the control of venereal diseases depends chiefly upon the leadership that she gets from the medical

officer. The Health Officer points out the way; the nurse follows at the pace that he has set.

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#### REMARKS BY THE DISCUSSION LEADER

DR. MORALES OTERO

It is apparent from the papers read this afternoon that we have a tremendously difficult problem before us. It is encouraging, though, to see how interested are all the groups represented here and how awokened is their disposition to find a solution.

There are certain facts that have come out of this discussion that should be stressed as they will be of material help in solving this problem. It has been said that the facilities for diagnosis and treatment should be extended. In this regard, a simplification of clinical records with a sufficient number of physicians to care for this large section of the population are valuable suggestions. It seems to be a consensus of opinion that such personnel should feel a sense of security and that as few changes as possible be made among them. Coöperation between the private physician and the local health services should be

a closer one, especial emphasis to be laid on the necessity for improving the system of case reporting and the follow-up of the same.

Other points are the necessity for a live program to arouse community interest. In this, the sociologist is a great inspiration since he deals so closely with human relations. He stresses prevention rather than cure, training the community to see the problem in its true light so that it can accept its full share of the responsibility, and thus help the physician to fulfill his task and the victims to rehabilitate themselves.

The obvious need for well-trained personnel with firsthand knowledge of community problems is also emphasized. Education in all aspects of this field is important—in other words, close collaboration between the community, the physician and his coworkers, and the victims themselves. With the proper education and due consideration to social problems, medical diagnosis and treatment should be very strong weapons in the fight against venereal disease.

#### GROUP III. GOOD LAWS AND LAW ENFORCEMENT ARE STRONG WEAPONS

*Presiding: DR. R. ARRILLAGA TORRENS, Speaker, Puerto Rico House of Representatives*

*Discussion Leader: HON. MARTÍN TRAVIESO, Chief Justice, Supreme Court of Puerto Rico*

*Secretary: THEODORE ESLICK, Social Protection Representative for Puerto Rico*

NOTE: A speaker in this session whose paper was not available was MR. MANUEL RODRÍGUEZ RAMOS, then Acting Attorney General for Puerto Rico, and shortly afterward appointed as Dean of the Law School, University of Puerto Rico.

It is to be regretted that a transcript is not available of the vigorous discussion which took place at this session, in which the large audience took an active part, and which led to a number of revisions in the legislation subsequently sponsored by the Committee on Social Protection.

#### STATEMENT BY

PHILIP F. HERRICK

*United States District Attorney, San Juan, P. R.*

There are just a few points which I should like to mention. I have listened with interest to the speech of Attorney General Rodriguez Ramos. I agree emphatically with him that we cannot simply legislate venereal disease out of existence. The problem is more complicated than that. We must have good laws, understandable laws, public support, and vigorous enforcement.

It has been aptly said that "Making the laws understandable is as important as making the laws." At the present time the Social Protection Committee in Puerto Rico is engaged in drafting a code of laws which will be designed to suppress prostitution and venereal disease. We need such a code in Puerto Rico at this time. Under the laws as at present written, for instance, it is not even an offense for a prostitute to solicit. The Committee has worked

hard and has produced a draft of a proposed code. This draft is not perfect. No draft, and for that matter no law, is ever perfect. There is need for haste in connection with this proposed legislation, but there is also need for deliberation. I hope the legislature will consider the matter carefully and that hearings will be held which will give everyone a chance to express his views. Although few will deny the necessity for the new code as a whole, there are certain controversial features which will undoubtedly be opposed.

There is one provision of the proposed draft which I should like to see expanded. That provision requires the prison authorities to give a physical examination for sex offenders in order to determine whether or not they are infected with venereal disease. I see no reason why such provision of the law should be limited to sex offenders. It seems to me that such examination would be salutary for all prisoners and, indeed, for as many persons as can be brought within the scope of the laws. The recent requirement by the Insular Government that prospective insular employees be examined is a long step in the right direction.

The new laws must have public support. No chain is stronger than its weakest link, and no law is stronger than the public support back of it. We have seen, in the prohibition law, how impossible it is to enforce a statute which does not carry the support of everybody. In order to obtain public support for the new laws, there is a crying need for education. It seems to me that problems of this kind should be taught to high school children, and in addition they should be aired over the radio, in the papers, and in special motion pictures.

There is always of course the need for vigorous enforcement. I am particularly interested in Act No. 14, and should like to see it enforced to the hilt. It is said that enforcement of this law would simply drive the prostitutes out of the places where they now congregate into the parks and alleys, but experience in other places has shown that even though some prostitution may occur in such places, the number of contacts is definitely decreased.

The impact of the Federal laws, which it is my duty to enforce, is not particularly great in this field. There is the Mann Act, which has been and is being enforced vigorously in the Federal Court. Several prosecutions are pending even at this time. The Mann Act was designed primarily to eliminate "rings," which I am glad to say we do not have in Puerto Rico. There are, however, a number of owners of houses of prostitution who have and who will feel the enforcement power of the Federal Court under the Mann Act.

The requirements of the Naturalization Act are also an important medium in this regard. No person may become a citizen of the United States if he is a person of bad moral character. A prostitute or a keeper of a house of prostitution is a person of bad moral character, and he or she must leave that field for five years before becoming eligible for American citizenship.

There is also the so-called May Act, but this has not yet been applied in Puerto Rico and has been applied so infrequently on the continent that we are not yet prepared to say that its effect is important at this time.

As I say, the impact of the Federal laws in this field is not great, but at the same time we stand ready to assist the local enforcement authorities in any possible way. I have nothing but the best of wishes for the success of the social protection program in Puerto Rico.

#### SOCIAL PROTECTION IN VENEREAL DISEASE CONTROL

ELIOT NESS

*Director, Social Protection Division, CWS, Federal Security Agency*

The subject on which I have been asked to speak to you today has certain controversial aspects. Doubtless many of you in this audience have thought, and perhaps said, in honest conviction, that repression of commercialized prostitution and sexual promiscuity, or prevention of prostitution and promiscuity,—along with efforts to rehabilitate girls and women involved in these problems,—are impractical. That such objectives cannot be accomplished. That if they could be, they would not do the job.

I do not intend today to be controversial. But the facts are, that when the Social Protection Division of the Federal Security Agency was organized in April, 1941, two and a half years ago, each of these so-called "impractical," "non-workable" processes became a part of the Division's program. In the Eight-Point Joint Agreement, set up in 1939 as the basis for our national venereal disease control program, the medical and public health authorities gave pointed recognition to the importance of social protection in making this program work.

As Director of the Social Protection Division, and as a former law enforcement officer, I am going to outline just how we went about putting this program into effect. I shall try to evaluate what has been accomplished on the Continent. I believe these accomplishments can stand on their own merits.

Last August, Charles P. Taft, then the Director of the Office of Community War Services, of which the Social Protection Division is a part, spoke before the International Association of Chiefs of Police. He told the members of that organization just what social protection was up against at the beginning of its program.

To quote his words: "It ran the risk of ridicule for trying to stop the unstoppable. It risked being called the promoter of an anti-vice crusade, before its actual accomplishment could show a true picture of its objectives. It had a tremendous handicap in the misunderstanding among many police officers, public officials, and

leading citizens of the public health facts about venereal disease and prostitution."

Mr. Taft was right. Yet in the less than three years of our existence, 662 cities and towns on our mainland have closed their former segregated prostitution districts. And in those same two years and some months the Army venereal disease rate for the Continent has been knocked from 42 per thousand per year to 25 per thousand; the overall Navy venereal disease rate has gone from 80 to 33.

This was no overnight, flash-in-the-pan job. We had to start with a process of education among police officers and other local officials who were responsible for doing the actual day to day work of putting the repression program across.

Hundreds of times we had to answer this fallacy, "Why not keep prostitutes in a segregated area and control venereal disease through periodic medical examinations and treatment of those infected?" But we know the answer to that question—and the answer isn't on the affirmative side of the segregation argument.

Dr. F. C. Gillick, Passed Assistant Surgeon of the United States Public Health Service, has summed up the opinion of the medical profession on this point in terse and down-to-earth terms. "A physician who certifies prostitutes as non-venereal or non-infectious," he says, "is either intentionally dishonest or grossly incompetent. A prostitute can transmit gonorrhea, syphilis and other venereal diseases without becoming self-infected." Dr. Gillick goes on to say, "The average prostitute (in a house of prostitution) to meet her financial obligations, must accommodate about 20 men per day. It does not take a mathematical genius to figure out what a prolific spreader of venereal disease an infected prostitute can be. The average . . . amateur prostitute, at-best, only contacts from 3 to 5 men a night. Her method is slower. Both are dangerous and practically 100 per cent infected."

Some skeptics told us, too, that closing the red light district would make prostitution "spread all over town." Yet the practical police officer knows that tolerated red light districts never really segregate, that they stimulate prostitution activity generally, and that many prostitutes continually operate outside the "district."

We based our stand on this knowledge. Subsequent experience has proved that we were right. In San Antonio, Texas, for example, after the red light district was closed, the Department of Public Safety kept spot maps to discover whether prostitution really did spread to other parts of the city. At the end of a four month's period there had been only eight cases of venereal disease found within the former red light district, but 95 per cent of cases discovered were within a one-mile circle of what had been this old district. The prostitutes *had not scattered*. And the rate of venereal infections in the San Antonio area is now only a fraction of what it was prior to the city's repression program.

Today, with the closing of those 662 red light districts, commercialized prostitution has been largely wiped out on the mainland. But in communities where the districts still exist, it is still the greatest source of venereal disease and must be eliminated. It was said that "it couldn't be done." I say, "It has been done, and the work will continue until it is all done."

During wartime thousands of people are subjected to higher emotional tensions and fewer social restraints. It is inevitable that increased sexual promiscuity should be one result of wartime conditions. One of our very real problems even before the war began, such promiscuity is our No. 1 venereal disease problem now—the greatest source of present venereal infections in the United States.

For obvious reasons, it is more difficult to do an effective job of preventing or repressing promiscuity than of eliminating the red light district. Repression of promiscuity requires the development of definite and specialized techniques for the law enforcement officer, backed by sound laws intelligently administered by the courts. It requires the active cooperation of health departments and social agencies. In the final analysis, it requires good community organization on a foundation of educated, informed public opinion.

Last year saw the publication of what I believe to be the most authoritative information to date on law enforcement in the social protection field. The National Advisory Police Committee on Social Protection brought out a pamphlet called *Techniques of Law Enforcement Against Prostitution*. Its title, perhaps, is an inadequate description of the contents, for a large part of the pamphlet deals with techniques used by law enforcement in attacking the more difficult and involved problem of promiscuity.

And last year, too, saw the development of *prevention* in the social protection field of policing. Police know that crime prevention, effectively administered, is better than crime repression. It is more efficient. It pays off in dollars and cents. Humanly speaking, prevention is constructive, but never destructive.

This is especially true in the social protection field. Our mainland police—yes, and our courts, too—have been willing to put this idea to the test in working with hotels, taxicabs, taverns and bars, tourist camps, and all those private enterprises that might wittingly or unwittingly foster prostitution and promiscuity. They have seen the prevention idea work.

By and large, we have found private commercial enterprise not only willing, but eager, to cooperate in the social protection program. Perhaps it is moved by practical as well as patriotic motives, but it has been extremely effective as a co-partner of law enforcement and health agencies. Many individual bar and tavern and taxicab operators were honestly mistaken as to the extent of their own control powers. But as soon as they *knew*, they began to *act*. National business organizations have gone on record supporting our program. The American Hotel Association and the National

Association of Taxicab Owners and Cab Operators are but two among many.

But I want to impress upon all of you the fact that none of these organizations has stopped with a simple passing of resolutions. These groups have reached directly down to their local members, stimulated them to greater vigilance, helped them to institute self-policing measures that have often left the police free to concentrate upon other phases of social protection enforcement.

To be sure, here as always there are certain persons who refuse to cooperate or who give lip service that is never translated into action. But we have force tactics to use when other measures fail. Here, as in a hundred other ways, Army and Navy cooperation, often through the "off limits" or "out of bounds" orders, is an effective weapon. Under local laws and ordinances, abatement proceedings, revocation of licenses and like control measures can be and are used. Operation of taxicabs is subject now to rules imposed by our wartime Office of Defense Transportation. Yes, the weapons are there—to be used when we need them.

We have still on the Continent some earnest—but misguided—persons who, in spite of the *facts* behind the Social Protection program, and the *facts* that prove it is effective, continue to "view with alarm." They shake their heads at the increased numbers of those arrested for promiscuous activity. They point trembling fingers at the doubled and tripled rate of venereal disease clinic or hospital admissions. They are convinced that venereal disease is increasing by leaps and bounds, among our civilian population. There was never a more perfect example of trees blotting out the view of the forest.

Why shouldn't scientific policing, selective law enforcement, working in a program law enforcement believes in, and that has been geared directly into the war effort, result in increased arrests for violations against the law?

Why shouldn't good new laws, or good old laws brought up to date, combined with effective court action, be responsible for conviction of a greater number of law violators?

Why shouldn't our venereal disease hospitals and clinics have more patients now that the Army and Navy contact reports give local health departments a basis for case finding never before equalled in their history? And now that we have public education on venereal disease bringing more and more people in to doctors and clinics to seek voluntary treatment?

I could go on and on. But I'm sure you get my point. We're glad that those figures have increased—not because we believe it means a vast increase in our civilian venereal disease rate, but because we are convinced that it leads to a decrease in venereal disease now and in the future!

As we have seen our program in operation on the Continent, however, we have become more and more impressed with one fact—in venereal disease control it is not enough to repress prostitution and promiscuity through law enforcement—it is not enough to offer medical treatment and cure to infected persons. Perhaps you've heard of the "revolving door" theory. Well, that means that we have done only part of our job if girls and women who are apprehended are only made to serve a term of detention, or given medical treatment until non-infectious or cured, and then released to go back to the same conditions that were the actual foundations of their troubles.

Wiping out prostitution and promiscuity is a broad community problem. Conditions that encourage prostitution and promiscuity, and thus encourage the spread of venereal disease, must be attacked at their source. That's a big job, but it certainly isn't a job that will ever be done by shaking the head and saying "It can't be done." No one pretends to believe that malaria can be wiped out by swatting mosquitoes. No—swamps have to be drained, stagnant water has to be oiled, things have to be done to attack the disease *at its source*. The things that must be considered in attacking prostitution and promiscuity at the source may sound different—things like economic conditions, to name one—or employment opportunities—or housing conditions. Basically, though, they are right there in the same class with the swamps and the stagnant water. We are convinced that we are doing an effective job, step by step, in attacking the sources of venereal disease on the mainland. We believe that it can be done in Puerto Rico.

I want to commend the Insular Officials and those fine citizens of the island who have been instrumental in setting up your Social Protection Committee and in lending other support to the program here. Your new Rapid Treatment Centers are other evidence of constructive work that is being done in Puerto Rico toward control of venereal disease. These are big steps in the right direction.

There's one story I would like to tell. It's a true story, though I can't give "who" and "where" except to say that it was told to me by one of our Army officers stationed on foreign territory.

This officer and the officers responsible to him were really concerned over the venereal disease problem. By and large, they and the men under them were doing an excellent job of keeping the rate down under singularly adverse circumstances. But a certain number of infections kept showing up—and most of the men infected reported contacts made at a house close to the camp but, of course, situated beyond the area of military control.

The officer in charge of this camp went to the health officials. They admitted that they could do nothing to force the "citizens" in that house to have a medical examination or to quarantine them for treatment.

He then went to the police officials who stared at him rather blankly and said there was no law under which the house's inmates could be arrested and convicted.

The officer's hands were tied. Infections continued to come from the house across the road from the Army camp.

Then one night a fire broke out in the house and burned it to the ground. The women who had lived there moved away. The infections stopped.

What would have happened if the police and the health department had had the authority and the will to take action? How many infections might have been prevented? Multiply that one experience by the thousands of other similar situations that aren't solved accidentally by fire or earthquake or other catastrophes and see what you have.

Then remember this: We are making social protection succeed on the mainland. And we will keep making it work in a fight to the finish against venereal disease.

#### STATEMENT

COLONEL LOUIS RAMÍREZ BRAU

*Chief, Insular Police Department, San Juan, Puerto Rico*

Law is the sole expression of authority in matters of public interest. Laws should be just, intelligible, applicable to the place and time of their promulgation. They should be fearless, honest, and in their application make no difference as to rank or wealth of person.

How many of us can praise ourselves in the belief that we are just? To formulate laws of social hygiene we should go as deep in the customs of people as it is possible to go, and seek the underlying causes of immorality.

Much has been said about the principles of morality and ethical conduct. These principles should be translated to our children by the church, in the school, in the home, or wherever they may be. There are too many homes where the important teachings of morality are neglected. Our social standard in Puerto Rico is the same as that of any other people on the American Continent. We have good and bad people. Unfortunately we have a greater number of poor people than we have wealthy ones. This may be possibly due to our economic conditions, chiefly caused by the lack of industries.

Despite the impoverished condition of our people we expect them nevertheless to maintain their homes in such manner as to inculcate in their children every moral principle. Poverty, though debasing some, has nevertheless been the soil from which some of our greatest men have arisen.

To poverty, however, can be ascribed the cause which has led many a girl, and even whole families, to a life of crime and prostitu-

tion. Though these cases may be in a minority, they stand out as a splinter might from a log of good wood.

It must be obvious that there is a close relation between prostitution and venereal diseases. Prostitution is an ancient evil, and today, as in the past, it would be difficult to find a community all of whose members were in accord in respect to the methods that should be used to eradicate it.

All decent people and communities, however, will probably agree that the pimps, panderers, white-slave dealers, and all others who knowingly share in the earnings of a prostitute are far more despicable than is the prostitute herself.

What is a prostitute? A prostitute is a woman who practices indiscriminately lewdness for hire, and makes her living through this means. A large percentage of prostitutes are in type either stupid, moronic, or otherwise mentally defective. Many suffer from venereal disease and are a serious problem and danger to society, filling our prisons and insane asylums. Upon this point there can be no question of difference. A prostitute may be broadly classified as a street-walker, inmate of a disorderly house, or a "call-girl" who works in connection with appointment houses or houses of assignation.

At present Puerto Rico has no law by which we can reduce prostitution in our midst, and we are, therefore, powerless. An effective law should be formulated to control and eradicate prostitution. With such a law in our statute books, we who are called upon to enforce laws will have a strong weapon with which to attack this menace and wipe it out in our communities.

We believe that it is necessary that every girl arrested be submitted to a physical examination to determine whether she has a venereal disease or is a carrier of such disease.

In order to execute rationally such a proposed law it will be necessary to enact certain additional ones to the end that some of these girls may not only be rehabilitated but educated in a vocation by which they may earn their living. Many are at present ignorant of any means of self support and this lack in many instances has led to a life of prostitution. We further believe that these cases should be handled by a special court having special knowledge of this subject, and working in conjunction with welfare associations and probationary officers, and others having public interest at heart.

## GROUP IV. YOUTH HAS PRIORITY

*Chairman: MRS. MARÍA PINTADO DE RAHN, Director, Department of Social Work, University of Puerto Rico.*

*Discussion Leader: MR. ELOY ESTRADA, President, Insular League of Parent-Teacher Associations.*

*Secretary: MISS RAFAELA ESPINO, Executive Secretary, Puerto Rico Committee on Social Protection.*

## REMARKS BY CHAIRMAN

This Regional Conference on Social Hygiene offers another opportunity to bring out in the open and confront a difficult situation, which is now aggravated by the war and which concerns all of us deeply. Our common responsibility for the welfare of youth becomes greater than ever in the light of the increasing threat of venereal disease, prostitution and their disastrous sequelae.

Youth indeed has the right to be considered—to have priority as we say in war terminology—in the campaign of civic groups against the enemies of health, both physical and mental. Young people should have priority in clearing away difficulties which may keep their lives from being healthy and happy. There should be no halfway measures in adjusting the sociological and educational aspects of family life so that they may guarantee the kind of economic, mental and emotional security which will permit boys and girls to develop, under proper guidance and encouragement, socially acceptable and useful activities.

The speakers on this program on the subject *Youth Has Priority* will present facts, points of view and plans for the future in various aspects of work for the welfare of youth in the Island of Puerto Rico.

## THE CHILD IN THE HOME

MISS BEATRIZ LASSALLE

*Former Director, Bureau of Social Welfare, Insular Department of Health*

It is a well known fact that many different factors can affect, and do affect, the conduct of the individual. Also it has now been proved that much of adolescent behaviour as well as that of adults has roots in the impressions which have been retained from the first childhood years.

Every child enters the world endowed with certain hereditary characteristics. How much these are to predominate in his future life depends a great deal on the daily environment which governs his infancy, his food, the people around him whom he will soon begin to imitate; the habits and ideals of his home. State and law can adopt as many measures as they may wish to achieve their economic goals for the protection and care of children, but the fact remains that nothing can make up for the lack or loss of a home in a child's first years.

These facts justify our constant effort to preserve the home intact when there is one—or to try to substitute for it as may be possible when through misfortune home life fails or has been destroyed—and to keep watch, that new homes are started under the best conditions of health, physical and moral, and on sound economic foundations which guarantee the security and strength of the family, indispensable factors for the best growth and education of the child.

Never, at any time has it been easy to fulfill the duties of parents, but in the present day it is more than ever difficult and disturbing.

Life in the last twenty-five or thirty years has been characterized by an amazing tendency towards new things and towards change; change in the political order, in the economic order, in the social order; in educational methods; in dietary habits; in fashions of dress, ways of amusing ourselves, etcetera. Naturally, the home is greatly affected in its structure and in its function by these continual changes. Many innovations have been introduced that seem contrary to our habitual custom of thinking, feeling and living. "The home is in danger!" is cried everywhere, and parents, smarting under the implication that this accusation involves them, react in their turn by blaming youth of today for lack of affection for the home, refusal to obey, bad taste in noisy parties (and especially dancing), exaggerated frankness, and many other things. Parents blame, too, the school, the teachers, the government, and in fact, everything and everyone but themselves.

I consider this reaction a very poor defense which needs discussion. Let us look at the situation. Is it not true that parents of today cannot rightfully confine their responsibility solely to what happens inside the family group at home? What better thing can they do—these fathers and mothers—than to concern themselves outside the home with all that affects it? To delegate this responsibility to the schools, the public health officials, the social service workers, and rest confident that all is in good hands, would be convenient, no doubt, but it would hardly be the best way to discharge the duties which are especially our own as parents. Parents are on duty twenty-four hours a day. There is no time off for them, because they must be concerned with anything which may affect the home at any time—either their own homes or those of their neighbors—for the relation to those around us, no matter in what circle we may move, is closer than one might realize at first thought. To think of shifting parental responsibility to the government for the guidance and protection of children and young people, is to take the view that parents, in the eyes of the government, do not have the same rights as do other citizens to look after their own affairs.

Let us consider living conditions and economic resources as principal factors in the organization of a home and how the lack of proper conditions brings crisis to the family. A dwelling consisting of one room which the whole family occupies, no matter what the number of children nor their ages, is insufficient for human needs as they exist in our present society. Children living in such conditions

naturally have to find on the street the privileges and fun which they are denied at home. Naturally they are out from under the watchful eye of their mother, who has to care for her family in that crowded room, and they easily fall into the evil habits which idleness fosters in those who indulge in it.

There is now being started among us in Puerto Rico a movement to improve living conditions of those who have limited economic resources. We presume that parents as such will give attention to this vital matter in our changing social order, and will support this effort by their endorsement and their vigorous action.

We have said that children of these poverty stricken and unwhole-some dwellings have to play in the streets. What does the street have to offer them? Where are the recreational parks, the playgrounds to welcome these little fugitives? Who provides facilities for these children to play, a need as compelling to them as is that for food? Not having a place to play is a tragedy for any child. However, here again our parents have delegated their duty. Play is organized in the school—they think—under the supervision of well-trained teachers, and so the child's necessity is supplied. But the question of finding diversion in the hours out of school, when play is equally needed, is something different, and it is on the parents that the blame falls for failure to provide a place.

The Associations of Parents and Teachers have done good work in furnishing lunches for school children, this plan having become a permanent and efficient feature of our school system. The PTA could well undertake a similar campaign in regard to playgrounds in the various neighborhoods. I am not urging the construction of school athletic parks, with race tracks and other sport equipment. Although physical exercise is part of the education of all children, many do not like strenuous games, nor are they strong enough to participate in them. I am thinking, rather, of playgrounds, places to while away leisure hours—to learn leisure pastimes which can be turned to good account later in the life of the child, in the questions perplexing the home. What do our future citizens do when they leave the house, after a meal, or on Saturday when there are no classes. With whom do they meet? Where do they go? Of what do they talk? These are questions of great importance to parents. They have come to call this "the dangerous age" and a period of difficult problems. They fear the results of the liberty which their children will naturally acquire as they grow older. If it can be understood that the business of learning how to use leisure hours begins much before adolescence—although the word "leisure" could scarcely apply to the small child—many of the so-called problems of this later stage of child life would be easily solved.

Adolescence is not a problem by itself, although during this period sexual manifestations may occur which cause profound worry to parents, especially the mother, and the sexual conduct of the adolescent often determines his later adjustment to life. But if his intimate relations with his friends are satisfactory, if he has learned to make

good use of his leisure hours, and if he has found wholesome avenues of escape for his energies and interests, he will not be in great danger of misusing his sexual impulses. These things ought to be the object of serious consideration by parents. The best method of education is by example, and if the child, big or little, notices that one or the other of his parents finds more pleasure in recreation outside the family circle than in their home, or that they seek sensational amusements, he will be apt to follow his parents' lead.

No one is to be more admired than the parents who can say that they have the entire confidence of their children, and between whom true friendliness and camaraderie exist. This valuable fruit ripens only by careful cultivation, but the trouble which one goes to is very little compared with the satisfaction received from the results. It is worth any price if children can learn the benefits to be derived from knowing how to use their leisure hours wisely.

Someone has said, very sagely, that to learn how to play well is as valuable as to learn how to work. And the earlier this is learned, the better and the easier.

I speak again of the Associations of Parents and Teachers because I have much faith in them and I know that they are in a position to exert the influence which circumstances demand. Fortunately there is no debate between the school and the home as to who has the responsibility for the education and care of the child of school age. Parents and teachers know that the work of one group complements that of the other and that close cooperation of both is indispensable to real progress in education. The parents cannot delegate all their responsibility to the teacher, but neither can they permit that the teacher alone observes the rules and methods of the school. It is clear that teachers as specialists should always have the deciding voice in pedagogical matters, but they should not fail also to listen to what parents have to say, especially as to preferences regarding the kind of education which they think their children ought to have. The meetings between the two groups ought not to consist only of discussions on the manner in which parents should cooperate in order that children may better learn their multiplication tables, or their geography lessons, or how they may be of more help in the class room. There should be also consideration of how the school can best serve the community and can develop better future citizens.

Parent Teacher Associations in my opinion have greater responsibility regarding the education of parents than the regular schools for adults. And the annual PTA programs should include informative courses and discussions on aspects of child education in which parents can participate and bring to notice ideas which at times may escape the attention of the teacher specialist.

At present we have an example before us in Puerto Rico in which the joint action of parents and teachers has to be put to test. I refer to the inclusion of religious education in our schools. It appears that we all are agreed that a knowledge of religion rounds

out the education of the child, and that a person without religion of some kind lacks a necessary element of happiness. Good. We accept this basic principle and it only remains to decide how we are going to supply this item in our educational system. With no thought of controversy—we have enough in other matters—I am going to venture the hope that parents and teachers may discuss this question calmly and impartially, taking plenty of time, in order to avoid regret later. Ardent defender as I am of all that affects the child for good and teaches him to practice the religion that his parents choose for him, I admit serious doubts as to how the instructor in the school-room can undertake such teachings. It is to be hoped however, that the solution of this problem will not take as long as some others which have for many years claimed public attention, and in the end have been settled only in regard to questions of pedagogical nature.

In these and other questions which relate to children there can be no possible delegation of duty on the part of the parents. It is necessary for them to act for themselves in order to avoid the undesirable exercise of undue authority by individuals or groups which though well intentioned may be far removed from the democratic ideals to which we all wish to hold.

I trust that I have not discouraged those who have had the kindness and patience to listen to me. In closing, I want to repeat: That family life should be a harmonious and well-ordered educational experience. Discussion in the family circle of problems which pertain to the home will always throw light on ways of solving them. For success, firm decision on the part of the parents is needed, linked with a true sense of responsibility to the community in which they live and to the country whose citizenship they enjoy.

Miss Lassalle's paper was followed by an excellent discussion of *The Child in School: His Physical Health*, by Dr. Dolores Pinero, Director, School Hygiene Section, Bureau of Maternal and Child Health, Puerto Rico Department of Health. The Editors regret that the manuscript was not available for inclusion in the *Proceedings*.

#### MENTAL HEALTH FOR OUR CHILDREN

DR. LUIS MANUEL MORALES

*Director, Department of Mental Hygiene, University of Puerto Rico*

Mental defects constitute a serious public health problem in the civilized world. Statistics recently compiled in the United States, for example, show that of each 1,000 adults there are 150 suffering from some type of mental disease. Ten per cent of all the population are said to be at some time of life temporarily or permanently affected by mental trouble. Since the war, many thousands of boys have been classified as unfit for military service because they are victims of mental or nervous diseases, and one-third of all those

who have been discharged for health reasons from the armed forces have been because of neuropsychiatric disturbances.

The true extent of this problem in our island is not known. We are just on the point of trying to measure it by means of a census that will be made by the Insular Department of Health; but there is no reason to think that these difficulties are less here than in other civilized countries. Assuming that such is the case, then it is probable in Puerto Rico today there would be about 200,000 persons suffering in greater or less degree from mental disorder.

Let us be clear that in speaking here of mental disorders we do not refer to the condition commonly known as "insanity." Mental diseases which prevent the individual from adapting himself to his social environment in such a way that society or the law dubs him "crazy," constitute only a small proportion of the ills afflicting those with personality troubles. In other words, one can be mentally ill without being "crazy."

From the biosocial point of view there are three levels of adjustment to the rules and customs which govern human relations. These three levels of social conduct, which are similar to those used by medicine and its psychiatric branches to classify such types, are "normal," "neurotic" and "psychopathic."

The "normal" individual is one whose desires, longings, emotions, thoughts and conduct in general are compatible with accepted social standards sanctioned by the group of which this individual forms a part. Between the normal individual and his surroundings there are no serious nor prolonged conflicts. The changes to which his surroundings may be subject do not seriously affect his social adjustment. The conduct of the normal man is considered by his associates as reasonable, logical and easily understood.

The "neurotic" has not been able to adapt himself well to his surroundings. His ambitions, his tendencies, his ideas, his emotions are often incompatible with those which are held by the majority of people who make up the community in which he lives. This incompatibility develops into the mental conflicts which appear in the form of preoccupation, morbid ideas, chronic fatigue, absurd and unfounded fears, obsessive thoughts and compulsions. The neurotic manages to maintain relations partially acceptable with his social surroundings. He can generally control his behavior to an extent that will be sufficiently in accord with social conditions. His conduct may be peculiar, but for the most part it is understandable by his fellowmen. The neurotic is capable enough of self criticism, and is also capable of recognizing his own problems, but is unable to solve them.

The "psychopathic"—the insane, as he is commonly called—is totally unable to become adapted to his social group. His conduct is irrational, absurd and incomprehensible when judged by general standards. Not only is his behavior strange and abnormal, but the insane

person is incapable of controlling his actions in order to adjust them to social norms. The difference between the thoughts, desires, sentiments, emotions and interests of the psychopathic and the normal person is such, that the former tries to escape from reality, or to deny it as accepted by the normal man. This strange form of life, this imprisonment in the world of fantasy, and this more or less complete denial of reality, assume such proportions that they cannot be modified by appealing to reason, nor logic, nor feelings, nor by persuasion, nor by force.

All types of abnormality are psychological problems, but only those of the latter group, the psychopathics, and a small proportion of neuroties, are hospitalized, or isolated in special institutions. The large majority of those who form the second level of adaptation are not sufficiently "abnormal" to justify their internment. Therefore thousands of persons, who, apparently well, live in every civilized community, endure lives bitter with emotional upsets, morbid ideas, and a multitude of neurotic symptoms which make them and their kind very unfortunate.

Mental infirmities are not due to any specific cause. There are innumerable factors, biological, physiological, constitutional, psychological and environmental, which enter into the production of morbid mental reactions. But science proves that many of these are avoidable. And when the causative factor cannot be avoided, it is possible in a great majority of cases to prevent the pathogenic agent from causing damage by the use of prophylactic measures. The study of how these maladjustments may be avoided, whether they are slight or serious, and in whatever level of conduct alienated from the normal—in that of the neurotic or that of the insane—is the scientific discipline which is known by the name of mental hygiene.

Mental hygiene is the doctrine which teaches the individual to cultivate his mental health. Its principles should be applied from the cradle, and have the maximum of effect when they are inculcated during infancy and early childhood. It is precisely during these first years of life that habits of thought, feelings and action are formed which determine the conduct of the individual for the rest of his life. And it is then, if one does not proceed wisely, that it is easy to plant the seeds of an abnormal mentality.

Abnormal mentality in children can be classified, for practical purposes, as of two types, that is: abnormality of character, and abnormality of intelligence. The abnormalities of character are seen in children who exhibit changes of personality and of conduct because of factors which are not essentially intellectual defects. Abnormalities of intelligence are seen in individuals whose intellectual functions have not been normally developed.

Abnormalities of character are susceptible to treatment through specialized techniques which are put in practice in medical-psychological and psychiatric centers by personnel especially skilled in the application of these techniques for the orientation of children.

Intelligence can be estimated by aptitude and ability tests, and classified in accordance with standards already established and accepted by science. Within the ranks of these children with abnormal intelligence exist three types with different needs, which require special establishments, that is: (1) hospital establishments or asylums for children not susceptible to instruction (idiots) and subject to hygienic care; (2) educational establishments for children of a slight or medium degree of imbecility, but who can be taught useful and easy work; and (3) auxiliary schools for the education of mentally weak children susceptible to a higher education when it is carried on under special conditions. (Lafora)

In Puerto Rico, children who are suffering from mental abnormalities are, at least, as numerous as in any other civilized country. This great battalion of unadapted children constitutes a serious problem which requires solution with great urgency. These thousands of children, who, today, in the home and in the school, interfere with discipline and affect the conduct of normal children, tomorrow, when the damage has become irreparable, will populate the asylums and jails and fill the psychiatric clinics.

In speaking of mental hygiene for our children there immediately arise various questions which we must answer in accord with reality.

1. We already know the interest that health, educational and medical authorities take for the health of our children. We ask: Are the people of Puerto Rico as much concerned about the mental health of their children as with bodily health?

2. A hundred and two years ago Dr. Seguin founded in Paris the first school for abnormalities of the intelligence, indicating rules which have been followed advantageously in almost all countries of the civilized world. What measures have been put in practice in this Island for the protection and education of our thousands of children with abnormal intelligence?

3. More than a quarter of a century ago "Child Guidance Clinics" were functioning with great success on the continent. They are community mental hygiene centers where personnel well adapted for this work take care of problems of child behavior; and educate children and adults of the community to cultivate healthy habits of thought, feeling and action. What has been done in Puerto Rico comparable to the indispensable service given by these clinics? If there is any service of this nature in the island; is it efficient? is it well organized? is it equipped with sufficient capable personnel, who have the skill and experience required to assume the responsibility for such delicate work? How many of the thousands of children throughout the island who need these services can be taken care of?

In this audience there are those who can answer these questions, because there are persons who for many years have been much interested in finding the solution to these problems. But I fear that

the answers will not make us feel very proud of the help we are offering to our children in regard to their mental health. And as long as effective and efficient measures are not taken in order to be able to answer these questions satisfactorily, mental infirmities will continue to make havoc among our people.

Puerto Rico's only hope of salvation depends on the education which is given our children. Education is also the most powerful instrument for cultivating mental health. Let us not overlook this essential factor on which the future of our country depends in great measure.

### SOME WAYS OUT

MISS CELESTINA ZALDUONDO

*Director, Division of Public Welfare, Insular Department of Health*

The solution of a problem should be in accordance with its cause. Delinquency—in this case sexual delinquency, which is of special interest to us now in the war emergency because of its influence in the spread of venereal infections—is not the product of any single factor. Our observations in this field lead us to believe that in the greater number of cases a complex situation is found, where diverse factors producing antisocial conduct are brought into play.

Economic privations alone do not cause prostitution. There are many poor girls who earn a living by other means. Neither are lack of affection and understanding on the part of parents and bad examples in the home the sole cause of prostitution. We all know girls, rejected and misunderstood by their parents, and girls with parents of dissolute habits, who have yet set for themselves patterns of conduct acceptable to society. Lack of recreational facilities does not make a girl a prostitute. We know of thousands of girls who live all their lives in communities without amusement facilities, and who nevertheless do not transgress. Not even lack of religion, alone, takes them into prostitution.

But when these and other causes, which singly may not produce delinquency, are combined and exert influence on the same subject, the result is almost always a new carrier of venereal diseases.

What can be done, then, about this problem? The prevention of prostitution, as we have seen from the facts which I have mentioned, is far from being an easy thing—and the evil is so intimately linked with the whole grave situation in our Island, at least in respect to some of the elements which cause it, that the prospect for the next few years is ominous.

All measures taken to increase and insure earnings in Puerto Rican homes by increasing opportunities for employment and more adequate remuneration for it, as well as social security and public assistance when such provision is lacking, will lessen somewhat the attraction of prostitution for our young girls. In almost all of

the studies which have been made in the Island, the most powerful factor among those which combine to cause sexual delinquency, is that of economic privations. Insufficient earnings have close relationship with deficiencies in lodgings. Crowded living conditions and forced proximity to neighbors of dubious character sometimes hinder normal development of our youth. The government projects now planned for reclaiming ground in order to eliminate the slums and the construction of sanitary living quarters at low cost should be supported by all those who are interested in checking the menace of prostitution.

The crowding which prevails in the life of the poor permits children to be familiar with the sexual act from a very early age, and consequently it seems a common thing to them. At the same time, since they learn about such matters in this precocious way, they lack sufficient intellectual and emotional maturity to understand the results of misuse of sex instinct, or to prevent them, in the case of girls, from entering prostitution, in case they do not meet men with whom they can marry and set up homes.

As a means of solving the economic problems of poor families, young girls start to work as domestic servants at a very early age. Scarcely any of them reach the fourth grade in school. This lack of academic and vocational training of course leaves these girls a very limited choice of occupations, and so they have to turn to poorly paid domestic service. Long working hours, low wages, and the sort of semi-slavery into which domestic service on our island has grown, lends little attraction to this means of livelihood. It cannot compare with the financial profit and personal freedom enjoyed by the majority of prostitutes in Puerto Rico.

In order to prevent the continuation of this situation, and to keep girls from going into prostitution to make money, it is necessary to increase the number of academic and vocational schools, and to enforce the law compelling attendance at school—which is now a dead statute. In addition, ways of officially regulating domestic work should be investigated, and higher wages and better working conditions should be demanded for the aid of domestic servants.

The education of parents regarding the basic needs of their children will do much toward preventing unhappiness and restlessness among children who are brought up in homes where they do not receive affection or where discipline is at times too lax and at others, too strict, so that they do not want to remain at home, and run away, taking the first step down towards a life of prostitution. When parents are not interested in their children's welfare, their companions, and what they are thinking and seeing, a barrier is established between the two generations and when the home does not provide what the children want, they turn somewhere else, which may have very bad consequences.

The provision of recreational facilities, that children in their leisure hours may have healthy fun under good supervision, should

not be further postponed in Puerto Rico. All those who are interested in preventing prostitution should support the efforts of the Commission on Recreation and Sports and spur it on so that the necessary facilities may be established in all communities, including the rural sections. When we speak of recreational facilities we do not mean merely parks for athletic games, but community centers which offer various activities of interest to youth and where they may find fun which today is only found in bars and night clubs—which very often open the way to prostitution.

When one has acquired a true concept of religion, it helps to guide and control conduct. It is very important that the churches work with the schools and with civic and religious organizations in fulfilling their mission of developing a deep and genuine Christianity, so that not even the lure of more money or other material things can cause our youth to turn away from right living.

This religious influence ought to penetrate into the heart of our homes. A home of loose habits, in which the mother changes marital partners frequently, cannot help impressing on young people the idea that life is only as she shows it to be, and the worst thing about this is that though there may be outside influences which exercise better influences on these youth, it will be this home situation which will largely determine his conduct.

If we try to help a child when we first notice symptoms of undesirable conduct, and arrange for psychological-social study, which will throw light on the different factors which may lie behind such actions, it is quite possible that we can, by applying necessary measures, halt the development of a new recruit to prostitution. The child guidance clinics for whose establishment we have been laboring for a long time are a valuable aid in the prevention of juvenile delinquency.

Child welfare services are also an essential part of a program to prevent prostitution. Social workers can help to guide parents toward more intelligent attitudes. Sometimes parents do not understand their children, and their failure to do so lays the foundation for openly antisocial developments in children's attitudes. On the other hand, there are children who, not understanding the circumstances of their parents, make unreasonable demands on them and are rebellious and protesting at the same time, representing problems of conduct which in the case of girls often leads to prostitution. The opportune aid of well-trained social workers can help to remedy situations such as these.

On occasion it is necessary to take a child away from home, sometimes temporarily, and in other cases, permanently. When because of inadequate or faulty surroundings, especially because of immorality of the parents, it is necessary to do this, the social worker must look for another home for the girl where she can have a normal life. When a girl's behaviour begins to present conduct problems, a social worker can help much in guiding her and supervising her

in a suitable home, or possibly by finding another better suited, or even placing her in the right kind of institution.

Before closing, I wish to say, in agreement with Mr. J. Edgar Hoover, of the Federal Bureau of Investigation, that the problem of juvenile delinquency is really that of adult delinquency, and not delinquency of the children. In all the situations that we have seen here the cause as much as the remedy is in the hands of adults, both as individuals, and as a collective group. It is no less than our duty then to give our young people opportunity for decent and happy lives. Happy children are not candidates for delinquency.

#### YOUTH IN CRISIS: NEW HORIZONS FOR OUR GIRLS IN TROUBLE

#### *A Study of a Group of Adolescent Girls Interned in Venereal Disease Hospitals in Caguas, Puerto Rico*

MRS. DOLORES G. DE LA CARO

*Chief, Bureau of Medical-Social Services, Insular Department of Health*

I am glad to present before this group, which has come together today to discuss social hygiene from the point of view of our youthful population, a study of a group of adolescent girls interned in venereal disease hospitals in Puerto Rico. It is the intention to present the results of this study, in the light of figures applicable to our total population of adolescent girls, so that the problems confronting not only this group but also our society may be considered.

I must state that this study is not the first regarding this problem which has been undertaken in Puerto Rico. Among several others I will cite the one made by Judge A. Alvarado in Arecibo in 1935, one undertaken by the Social Service Office of Civilian Defense, and another by Dr. Maria Cristina Barreras and Miss Celestina Zalduondo.

The Division of Medical-Social Services of the Insular Health Department made this study for the purpose of determining social characteristics and personal problems of patients who are minors. Only girls 18 years of age or under were included. This study is part of another more inclusive one of all patients in those hospitals (a total of approximately 300) which the Division of Medical-Social Services made at the request of the Puerto Rico Committee on Social Protection, with the object of obtaining information to serve as a base for planning and developing a program of social rehabilitation for this group.

The Division of Medical-Social Services desires publicly to thank the Office of Community War Services of the Federal Security Agency for its valuable cooperation in this work, and to acknowledge

## YOUNG AMERICAN CITIZENS



A Game · San José Plaza · San Juan



Students · Central High School · San Juan

*Photograph from Puerto Rico Trade Council*



AT A MILK STATION

In the background, Mrs. Rexford G. Tugwell, who has been active in securing the establishment and provision of these stations throughout the Island.

*Photograph from Insular Department of Public Information*



4-H Club



After Sunday School · San José Church · San Juan



Newsboy



Sentry-Box • City Wall • San Juan



At the University

Waterfall • El Yunque



Gate • The Arsenal • San Juan



Outside Sixto Escobar Baseball Park • San Juan



Plaza at Ponce



Entrance • University of Puerto Rico Piedras



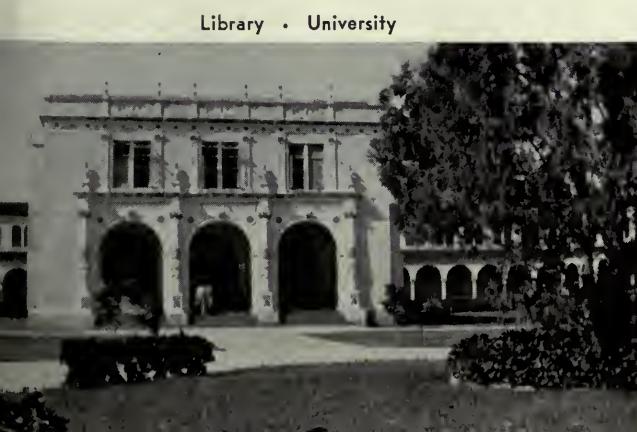
Arsenal Patio • U. S. P. H. S. Office in Background



USO • San Juan



"The Tree" • Townsend Square • San Juan



Library • University



Cristófer de Colón Plaza • San Juan



Archway • School of Tropical Medicine



Plaza • Humacao



### COOPERATION FROM THE PUERTO RICAN PRESS

A selection from the newspaper and magazine publicity which was generously accorded by both Spanish and American press, and which helped greatly to increase public knowledge of social hygiene.

gratefully the interest and earnest participation of Miss Francisca Bou and Miss Gracia Nadal, Supervisors of Medical-Social Work.

The time at our disposal for the presentation of this work being short, we have tried to summarize as much as possible the results of the study, giving only the outstanding points.

Following are the most common characteristics found in the group:

The 105 patients included in the study are girls from 14 to 18 years old, although the majority fall in the 18-year group. Fourteen of these girls claim they are not prostitutes. (For purposes of this study we must consider a prostitute as a woman who devotes herself to sexual commerce.)

More than half of the group are white girls and 70 per cent of them single. By "single" we mean that they have never been legally married.

It was found that before entering the hospital practically all the patients lived in the urban zone or in places very near military posts. A third of the group lived in houses of prostitution, and the remainder lived with their families, in rented houses, or boarding houses.

Information obtained from the medical records of the hospitals shows that the great majority of patients suffer from gonorrhea and about a third from syphilis. It was found that more than a fourth of the group was suffering from more than one venereal disease.

We find that only a minority of these girls lived with both parents during their childhood and adolescence, and the great majority came from homes where one or both parents were missing.

According to their own statements economic conditions in their homes were very bad, in a large percentage of the group. Four-fifths of the group reported the existence of serious social problems in the family. The most frequent were drunkenness and desertion. Among other problems reported were promiscuity, delinquency and dependence, as the most important.

In general it was found that the education of these girls was very limited, the majority having had no more than third grade schooling. Only 25 per cent said that they had had any vocational instruction, principally sewing or embroidery.

Four-fifths of the group stated that they had worked before they became prostitutes, most of them in domestic service. The scale of wages for this work varied from those who worked for board and clothes only to those who earned \$7.00 weekly doing other work. Three-quarters earned only \$2.00 a week. Perhaps due to lack of opportunities for employment, and lack of knowledge of other kinds of work, the great majority showed a preference for poorly

paid work, such as domestic service and sewing, when questioned regarding a choice of possible future occupations. This shows the great necessity for vocational orientation, which will help them to a better selection of occupations according to their individual limitations.

The average age in this group for the first sexual experience was 15 years; although a sixth reported having had sexual relations before 14 years. In half of the cases this occurred through seduction and in more than a third by rape.

Ten per cent of the group said they had been initiated in prostitution before the 15th year. Thirty per cent had entered this life at 17 years of age. Half of these girls had been in prostitution about a year. Analyzing the reasons inducing them to enter this life, we find that the influence of friends (especially girl friends), the attitude of their families and other persons, was as decisive as economic reasons. A third said they had entered the life in search of diversion and adventure. Once started in prostitution, the influence of owners of houses of prostitution is an important factor for their continuance. Sixty-nine per cent said that the money they obtained was the principal reason for continuing in prostitution.

The great majority of these girls frequent bars in search of clients. Another group found their clientele in houses of prostitution. Of the group who solicit in bars, almost all have their sexual contacts in hotels nearby or in the building where the bar is located.

The fact that members of the Armed Forces constitute three-quarters of these girls' clients is evident proof of the great influence the War has had in the increase in prostitution in Puerto Rico.

Half of these young girls, on being asked about their plans, expressed their intention of returning to prostitution after leaving the hospital, in spite of the fact that many of them expressed disgust for this kind of life and fear of the risks it would bring to them. More than a third intend to give up prostitution, and it is this group which is most in need of our help to carry out their plans.

A large majority of the group have committed other offenses, although only a third have been in jail. The most common offenses in the group have been assault and battery and disturbance of the peace.

The average weekly earnings from prostitution among this group is \$25 although 5 per cent claim that they earn more than \$100 a week. A fourth of the group received more than \$50 weekly. It should be noted that there is a tendency on the part of these young girls to exaggerate slightly their earnings, in order to justify this kind of life. And while the majority state that they do not make direct payments in money to the owners of the houses of prostitution they frequent, they do pay them indirectly by exorbitant prices for meals and other accommodations which are provided in the houses where they live.

Medical-social workers who conducted the interviews expressed case by case their impressions about the possibilities of rehabilitation of these patients, basing their opinion on such factors as age, education, working experience, time spent in prostitution, and attitude toward this kind of life. The 14 patients who claimed they were not prostitutes were included among the possibilities for rehabilitation, considering that many of them were equally in need of orientation as regards vocational rehabilitation.

The possibilities for rehabilitation of 45 per cent of the group were considered as excellent, good, or unnecessary. Only 27 per cent of the group was considered as presenting apparently little or no opportunity for rehabilitation. The possibilities for rehabilitation of the other 30 percent were considered fairly good.

Following we give some examples of cases and their respective classifications: The reaction of the patient to her mode of living and the impression of the social worker about possibilities of social rehabilitation have been copied exactly from model forms used in the study.

*1. Example of a few with whom it is believed rehabilitation work will not be necessary:*

"The patient is 16 years old and studied up to the fifth grade in elementary school. She is married and lives with her husband. She came to the hospital from the Public Health Unit, where she went for medical treatment for a gonococcal infection.

*2. Example of a case whose possibilities for rehabilitation are considered excellent:*

"The patient is 17 years old. She studied up to the eighth grade of elementary school and also had training as a nurse's aide. She has been in prostitution for a year, obtaining average of \$20 weekly."

*Reaction of the patient to her mode of living:*

"The patient says that she does not wish to continue in prostitution. Her desire is to get work as a nurse's aide in a hospital, but not in a venereal disease hospital, because there she would not be allowed to go out to shop or to visit her mother."

*Impression of the social worker:*

"Very good possibilities for rehabilitation. The patient wants to work and to quit prostitution. Apparently she feels great affection for her mother."

*3. Example of a case whose possibilities for rehabilitation are considered good:*

"A girl 16 years old, with second grade elementary school education, with knowledge of hand embroidery. She has been in prostitution six months and earned \$50 a week."

*Reaction of the patient to her mode of living:*

"She intends to quit prostitution. She is ashamed to carry on this kind of life. She now lives with her grandmother whom she supports. She plans to look for work as soon as she leaves the hospital."

*Impression of the social worker:*

"The patient says that she is not now in prostitution. Apparently she is sincere. She is an attractive and congenial young girl. She gives the impression of being weary and ashamed."

4. *Example of a case whose possibilities for rehabilitation are considered fairly good:*

"This one is a patient 14 years old. She reached the eighth grade and has some knowledge of dressmaking. She has been in prostitution six months and has an average earning of \$100 weekly in this activity."

"The patient stated that she liked the adventure of this kind of life. She plans to return to another house of prostitution. She does not want to return to 'Castle Inn,' because from there girls are very often sent to the venereal disease hospital."

*Impression of the social worker:*

"The patient is almost a child. She has been in prostitution but a short time, but since she has started on this life she has been hospitalized several times. Her family want to have her at home, but she likes to enjoy herself and cannot do so at home. She needs orientation and guidance. Apparently she has possibilities for rehabilitation."

5. *Example of a case whose possibilities for rehabilitation are practically nil:*

Age: 16 years.

Education: Fifth grade elementary school. Never has worked.

Period of time in prostitution: 1 year.

Earnings obtained in prostitution: \$75 a week.

Reaction of the patient to this kind of life: She is well satisfied with her present manner of living.

*Impression of the social worker:*

"The patient is not interested in any work or in quitting prostitution. Apparently there are no possibilities for rehabilitation in this case."

So we present here briefly to you a resume of the results of this study, bringing to your attention the problem which prostitution presents for Puerto Rico, especially in this group of minors and adolescents. It is urgent that preventive measures be taken, in order to prevent the entrance day after day of more young girls into prostitution, which constitutes a menace to the moral and physical health of our youth.

This is not the responsibility of any agency in particular, but of all the groups and private or public agencies interested in public welfare. The facts obtained from this study prove that a large proportion of these girls are in a favorable condition for possible rehabilitation, and that a coordinated program of services could save them. The venereal disease hospitals have already made provisions for a program of recreation and vocational orientation in the hospital, but this is not sufficient. The period of hospitalization of these patients is generally much too short to assure their permanent social rehabilitation. We believe that it is the responsibility of the community to continue this work.

It is now, in war time, that we must assemble all our forces and mobilize all our available resources to protect our youth in time of crisis.

We should like to instill in your minds today the optimism which animates us as social workers toward a possible solution of this great social problem, and we should like to inspire the necessary

action in order that our "youth in crisis" may very soon be able to look toward new horizons where they will find more security, protection and happiness.

#### GENERAL SESSION

*Presiding: DR. FERNÓS ISERN*

#### *Reports of Group Chairmen or Secretaries*

#### *Resolutions*

(For general resolutions growing out of the Conference, as presented by the Resolutions Committee appointed by the Conference Chairman, please see pages 264-266. Resolutions drawn up by the Group Sessions were embodied in the general resolutions.)

#### *Conference Summary*

Dr. Snow gave a quick review of some of the highlights of the day's events, congratulated the Conference Committee on their success, and urged all present to attend the evening session to be held at 8:30 at the Central High School.

He also mentioned the Executive Session of the Conference to be held next day, as the closing event, which provided opportunity for those concerned with venereal disease control in the Caribbean Area to report current progress and to discuss further plans for continued joint effort.

*Evening Session—Central High School Auditorium*

THE NATIONS UNITE FOR VICTORY OVER  
VENEREAL DISEASE

*Presiding: DR. CARLOS E. MUÑOZ MACCORMICK, President, Puerto Rico Medical Association*

REMARKS BY THE CHAIRMAN

Distinguished Guests; Ladies and Gentlemen: The Puerto Rico Medical Association rejoices at the success and accomplishments of this Regional Conference on Social Hygiene, for two main reasons: in the first place, for approximately half a century, members of our profession in cooperation with prominent citizens interested in the sociological aspects of venereal diseases have been working in the control and eradication of this social burden. A united effort of all agencies concerned, under proper leadership, as it has prevailed throughout this conference, constitutes a decisive movement toward the achievement of our final goal. Secondly, the interchange of ideas under our auspices, between outstanding members of our profession from various parts of the country and from Latin-American republics, is one of the basic and fundamental policies in the program of our Association.

Thus, it is to me extremely gratifying, both personally and in my official capacity as president of the Puerto Rico Medical Society, to have been honored with the request to preside at this evening session and to enjoy the unique privilege of presenting to you our distinguished guests tonight.

Let this be the cornerstone for a sound firm foundation of friendship and understanding between the medical and allied professions of your respective countries and ours. Let us all join together in making the best use of the geographical, racial, social and cultural characteristics of our beloved Island of Puerto Rico in behalf of an indissoluble everlasting solidarity in the Western Hemisphere.

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An impressive feature of the Evening Session was the award of Honorary Life Memberships in the American Social Hygiene Association to DR. A. FERNOS ISERN of Puerto Rico and DR. ENRIQUE VILLELA of Mexico, as reported in detail in the March JOURNAL OF SOCIAL HYGIENE. The citations were made by SURGEON GENERAL PARRAN, acting as Chairman of the ASHA Committee on Awards, and were presented to the audience in printed form, with photographs of the recipients, both of whom made appreciative and eloquent responses.

The evening program also included two intervals of music which added much to the enjoyment of the occasion. Through the kindness of MAJOR GENERAL WILLIAM E. SHEDD, Commanding Officer for the U. S. Army, Antilles Department, an Army Band rendered a half-hour concert previous to the addresses, and midway in the program the University of Puerto Rico Chorus of forty voices, under the direction of MR. AUGUSTO RODRIGUEZ, and by permission of CHANCELLOR JAIME BENITEZ, sang a number of selections.

## A HEALTH TASK FOR TODAY—AND TOMORROW

THOMAS PARRAN, M.D.

*Surgeon General, U. S. Public Health Service, Washington, D. C.*

During the past week, I have enjoyed for the first time Puerto Rico's gracious hospitality and natural beauties. In these lovely surroundings, the good company, and the salubrious climate I have been far removed from the serious purpose which brings us together this evening.

There is a shadow on this island—the same shadow which has only just begun to lift across the length and breadth of the mainland. The task which the Puerto Rico Conference on Social Hygiene has been discussing today is a heavy one. Indeed, the all-out fight against the venereal diseases is of fairly recent origin in the Western Hemisphere. But you are not alone in your determination to rid the people of Puerto Rico of these most destructive and pestilent diseases. The campaign against syphilis and gonorrhea is being waged in every State; and, as in Puerto Rico, it is being waged with the full support of the medical profession, the health authorities, and the Government of the United States. Today, we look forward with assurance to the not far distant time when our entire nation will be free from the venereal diseases.

*Evolution of Venereal Disease Control*

A few short years ago we could not entertain the hope I have just expressed. In fact, it is well to remember that all of our weapons against syphilis and gonorrhea have been forged within the lifetime of most of us. Forty years ago we did not know the cause of syphilis; we had no means to secure an accurate diagnosis; and we had no cure. Our weapons against gonorrhea are even more recent.

The ravages of syphilis among our troops in World War I, and the costly aftermath, showed the health forces that the Nation faced a continuing danger. With limited funds and grim determination, the U. S. Public Health Service fifteen years ago began the search for better weapons of control that could be applied to the total population. A Cooperative Clinical Group—specialists in the then newer knowledge of syphilis—was formed to assist in forging these weapons. In five great university clinics, careful records of every case of syphilis were kept for a period of eight years. Outstanding specialists studied these records, comprising 75,000 cases, and together they outlined for private physicians and public health clinics the best available systems of treatment for syphilis in all of its protean manifestations.

In the meantime, the Public Health Service and the American

Society of Clinical Pathologists sought the answer to another important question: What is the adequate diagnostic test for syphilis? More than a dozen types of serologic tests were evaluated—tests which had been developed since 1906 by Wassermann, Kahn, and others. Standards were set for the performance of tests in State, municipal, and commercial laboratories. Yearly appraisals since 1937, plus Federal financial aid, have brought up the standard of performance in public laboratories so that today reliable blood tests and spinal fluid tests for syphilis, and culture tests for gonorrhea can be obtained in every State and territory.

While these improved methods for diagnosis and treatment were in the making, we had not overlooked the necessity for intelligence of the enemy's strength. Estimates of the prevalence of syphilis and the attack rate, made in the early 1930's, indicated that in the course of his lifetime, one in every 10 Americans would acquire syphilis. No age, race, no class was spared. The cruel loss of infant life among the offspring of syphilitic mothers was revealed. The high rates of infection among young males showed further the need for prevention and control. By 1940, the risk had dropped to one in sixteen.

In 1936, the time seemed propitious to launch a new public educational program against syphilis, for by then we had good weapons and sufficient knowledge to invite the people to join in the fight for their own lives and health. (At that time, we had no effective means for the control of gonorrhea.) The Public Health Service and the American Social Hygiene Association took the leadership in this campaign. Throughout the country, among the rank and file of our people, there rose a determination to stamp out syphilis.

Our strategy was simple in 1936. It was the same as it is today. Find the cases of syphilis—by tracing down sources of infection and by mass blood testing (with special attention to pregnant women, applicants for marriage licenses, and youth groups). Second, treat the cases, especially those in the early infectious stages. Third, reduce exposure to infection through education in clean living (moral prophylaxis) and through eradicating the worst foci of disease—organized vice.

It is the fortuitous and unique feature of the anti-syphilitic drugs that the infectious patient can be rendered non-infectious while he is under treatment and long before his disease is cured. Thus, we can set up a chemical quarantine which breaks the chain of infection. It was with this strategy, plus stringent laws penalizing the transmission of syphilis, that the Scandinavian countries, in 1935, before our new campaign started, reduced their annual syphilis rate to about 0.2 per 1,000 population, as compared to an estimated 3.3 per 1,000 in the United States. In other words, we had more than ten times as much syphilis as Norway, Sweden, and Denmark.

The cost of mass blood testing and treatment was far beyond the budgets of State and local health departments. But a start was made

in 1936 with Federal funds provided through *Title VI* of the *Social Security Act*. Two years later the Federal Government assumed a direct share of responsibility for the conquest of syphilis and gonorrhea in the passage by the Congress of the National Venereal Disease Control Act, assuring financial and technical aid to the health authorities until we shall have rid the Nation of these plagues. Each year since 1939, the Congress has appropriated to the Public Health Service increasing amounts for this national campaign. The funds provided for the six years 1939-1944 inclusive total 45 million, 430 thousand dollars. The 1944 appropriation, largest of all, was 12 million, 367 thousand dollars.

Puerto Rico has shared in the distribution of Federal venereal disease control funds. An increased allotment has been made each year. The total for the six years 1939 to 1944, is one million, 110 thousand dollars. The allotment to Puerto Rico for 1944 is \$383,000, of which \$118,400 is specifically for war emergency control of the venereal diseases. Added to this are funds for an Island-wide system of rapid treatment.

In increasing substantially the appropriations for venereal disease control during the present war, the Congress has recognized an historical truth. War and venereal disease have marched together through the ages. The psychology of war breeds disruption of normal controls; military and industrial expansion sets in motion great masses of people—who take with them and spread their venereal infections. Traditionally, troops are followed by prostitutes and by men who organize and profit by this traffic in human flesh.

This war has been no exception to historical experience, and Puerto Rico has suffered these new threats no less than the States, especially our Southern States, in many of which the war-spread of venereal infection was superimposed upon high peace-time rates and low-powered programs of control.

The performance of routine blood tests for syphilis begun in 1940 in connection with Selective Service proved to be of great importance in locating most all of the hidden syphilis among 15 million of our young men, and in bringing under treatment those found to be infected. Examination of the first two million men revealed the presence of syphilis in 45 selectees and volunteers per 1,000. For the entire male population between 21 and 35 years of age, the adjusted rate is 48 per 1,000—(24 per 1,000 among white males, and among Negroes, 272).

The highest combined rates were found in five Southern States, all of which had rates of 100 or more per 1,000. It is significant that the syphilis rates in these States were about ten times as high as in New Hampshire, North Dakota, Wisconsin, Vermont, Utah, and Minnesota, where vigorous control programs have been in effect many years. Recent estimates based on Selective Service findings show that Puerto Rico's prevalence rate among young males is 120 per 1,000—somewhat higher than Florida, Georgia, Louisiana, Mississippi, and South Carolina, the States with the highest rate on the mainland.

*Special War Problems and Mobilization*

War forced our attention upon an essential phase of venereal disease control—namely, the breaking up of organized prostitution. Supported by the *May Act* which makes prostitution a Federal offense in military areas designated by the Army or the Navy, the police and courts in some 500 United States communities have attacked commercialized vice forthrightly. Many States—seven in 1943—have revised their laws dealing with prostitution; 29 now have adequate anti-vice legislation. The Social Protection Division organized in the Office of Community War Services has exercised fine leadership in bringing State and local governments to the vigorous enforcement of laws against prostitution. In this we have had the backing of the Federal Bureau of Investigation and strong support from the Army and the Navy. As a result, surveys made by the American Social Hygiene Association in critical areas show that commercialized vice has been greatly reduced; in many communities where brothels formerly flourished, prostitution as an organized business no longer exists.

Finally, in the midst of war, science has brought us new weapons which are being tried and proved in our intensified attack on syphilis and gonorrhea. About four years ago, we began to study the value of several new methods for the intensive treatment of syphilis. Developed by American clinicians, these methods greatly shorten the length of time required for cure. Continued research has also proved that the sulfonamide drugs—notably sulfathiazole and sulfadiazine—are a safe, quick, and effective cure for the majority of gonorrhea cases. Even more recently—within the past six months in fact—we discovered that penicillin is even more effective in the cure of gonorrhea. And, as though in answer to the world's greatest medical need, research still in the experimental stage indicates that penicillin may be the magic cure for syphilis—safer, swifter, and more effective than the arsenicals.

*The Results of the Campaign*

What have been the results of these years of planning and hard work in the venereal disease control campaign? Perhaps the best answer is found in the simple statement: "Since the outbreak of war there has been no overall increase in venereal infection on the mainland." This reverses all previous records of any nation at war. Dr. Ray Lyman Wilbur, President of the American Social Hygiene Association, said to me a few months ago: "How fortunate it is that we were geared up to deal with the venereal diseases before the war started. Without that backlog of organized control and increased treatment facilities, venereal diseases would have become epidemic under the pressure of war." Word comes from across the seas that in countries where control had not been strong, or where war had wiped out control work, syphilis and gonorrhea are again rampant. Yes, we have held the line so far. The real victory will be when we can say: "We have turned the tables; the trend of venereal infection is downward."

Some of the figures recording progress in the past few years are impressive. Annual Federal appropriations have increased since 1940 by 1,127 per cent; State and local appropriations by 24 per cent. The number of venereal disease clinics in 1936 was barely 700; at the close of 1943, more than 3,700 were in operation—an increase of 428 per cent. In Puerto Rico, the number increased from 13 in 1939 to 47 in 1943. Annual blood tests for syphilis—some 31 million last year—increased by 200 per cent between 1940 and 1943. The distribution of anti-syphilitic drugs by State health departments increased 50 per cent in the same period.

Twenty per cent more cases of syphilis were reported to State Health Departments and 26 per cent more patients were admitted to clinics in 1943 than in 1942. Present indications are that these increases reflect intensified case-finding more than an actual increase in the number of infections.

Civilians with gonorrhea are seeking treatment from physicians and clinics in far greater numbers than in the past. Without adequate means for appraising the prevalence of gonorrhea, it is safe to say that each year three to five times as many people acquire this infection as acquire syphilis. Since the advent of the sulfa drugs as a means of mass control, annual clinic admissions for treatment of gonorrhea have doubled.

The policy of the War and Navy Departments from the outset has been to cooperate with the Public Health Service and the civilian authorities in the control of venereal infection, including the repression of prostitution. On the mainland, we have had the fullest cooperation from Army Service Commands and Naval Districts. The military authorities realize that alone they cannot control venereal disease among their personnel; vigorous measures in the civilian population also are essential. In fact, cooperative studies by Army Service Commands on the mainland and the Public Health Service indicate that reduction in infection rates among military personnel reflects parallel increases in case-finding, treatment, and repression of prostitution among civilians in communities adjacent to army camps.

#### *The Problem in Puerto Rico*

Puerto Rico's venereal problem parallels in many respects the situation in some of our Southern States. Poverty and disease are interdependent. Together, they foster public ignorance of the causes and prevention of venereal infection. Here, too, living conditions in a densely populated area favor the spread of disease. Here, too, as in our Southern States, the home front problem has been aggravated by war—specifically by the presence of large military forces; forces from a distance; forces not in combat. Each of these factors contributes to the spread of venereal disease.

Puerto Rico, too, has experienced a shortage of physicians as have other war areas on the mainland. The available doctors have been under pressure to take care of emergency illness. They have had less time to devote to the less visible urgency of venereal disease control.

In addition, Puerto Rico has inherited the Latin tradition of tolerating commercialized prostitution—a policy which every medical investigation has proved to be a deterrent to the control of venereal diseases.

We do not have sufficient knowledge of the prevalence and incidence of venereal infection in Puerto Rico, but the estimates based on Selective Service tests as well as objective circumstances indicate as I have said that the syphilis rate probably exceeds that in the most heavily infected Southern States.

A high rate should not be a discouragement, however; for it is a principle of disease control that a greater reduction in total cases and a greater percentage reduction can be accomplished by determined effort against a highly prevalent disease than when cases are scarce. In other words, the first 75 per cent reduction is the easiest. This has been shown in the sharp decline of typhoid fever and infant mortality during the early years of the public health attack in the United States, followed by a leveling off and retarding of the rate of decline in later years when methods of control were actually better.

#### *A Program for Puerto Rico*

No physician can make a diagnosis and prescribe treatment for a patient without having all the facts in his possession and without making a thorough examination. So it is impossible for me, a stranger in Puerto Rico, to come in from the outside and in a few short days prescribe a program for ridding the Island of venereal diseases.

You are fortunate indeed to have as your health leader Dr. Fernós Isérn, who is giving such aggressive and competent leadership to the whole health program here in Puerto Rico. I wish also to express appreciation to your medical profession which is devoting itself so fully to the advancement of public health. And I may also say I think you are fortunate in having as your consultant my able colleague, Dr. Vonderlehr, who during the period 1934-42 was in charge of the U. S. Public Health Service Division of Venereal Diseases. He is here in Puerto Rico to render every assistance which the Public Health Service has to offer to your Insular Health Department in dealing with this and other problems. The active program of control which these experts have planned can be carried to a successful conclusion only if you who represent the forward-looking people of Puerto Rico put your shoulder to the wheel and push—hard.

The tried and true methods of control which have lifted the shadow of venereal disease wherever they have been applied with determination and vigor, will be just as effective here if they are applied with equal will and vigor. The strategy is the same—find and treat the cases of syphilis and gonorrhea in the civilian population, stamp out the sources of infection.

I know this is an over-simplification of the problem. One of the first essentials is to know the size of the task which confronts you. A good law requiring blood tests for both parties before marriage is

an excellent means of locating cases in vulnerable age groups, as well as of providing an index of the prevalence of syphilis. Likewise, a law requiring a blood test for every pregnant woman makes it possible to prevent congenital syphilis as well as to cure the infected mothers. Thirty States now require premarital tests of both partners; and 30 require prenatal tests. Routine blood testing for all hospital patients is another valuable dragnet. Mass blood test campaigns on a voluntary basis have proven successful in revealing cases and in educating the public to the importance of the problem. The recent Executive Order of the Governor requiring blood tests for Insular employees is in consonance with modern practice both in government and industry.

Good treatment facilities are the foundation of any effective control program. The treatment of syphilis and gonorrhea requires expert medical personnel. Not only is the technique of administering anti-syphilitic drugs a medical procedure, but close observation of the patient, checking his reactions to treatment, and interpretation of laboratory findings demand the attention of the physician. Mobile clinics staffed by full-time trained personnel have been used with great success to reach isolated communities in Southern States with problems similar to those in Puerto Rico. Special training facilities for physicians, nurses, and laboratory technicians can be made available through the Public Health Service. Adequate laboratory facilities also are necessary.

Public education and participation are basic in venereal disease control. All groups of the population must be reached, by every means at our disposal, and particularly, they must be reached in ways and terms that will be understood by every group, whatever the educational level.

Finally, let me say frankly that no program of venereal disease control will succeed unless it includes the repression of commercialized prostitution. Regulation of commercialized vice, in the long run, has never brought about reduction in disease rates. The tenuous control of prostitutes, by means of routine medical examinations, serves no purpose save to give their customers a false sense of security.

I understand that the Social Protection Committee of Puerto Rico will propose to the 1944 Legislature bills for the control of venereal disease and for repression of commercial prostitution. I cannot over-emphasize the urgent need for adequate laws and their vigorous enforcement. Moreover there must be a public sentiment to back up the law, the police, and the courts, as well as provision for medical care of infected prostitutes and for their social rehabilitation. The penalties in the law should be primarily directed against those who organize the business, who exploit, advertise, transport the girls who are merely pawns in this man's racket. These young girls,—one-half of whom are under 18 years of age, one-third under 16,—frequently are sick, usually ignorant. They should have our sympathetic concern and the benefit of our best scientific and social resources.

Public support for adequate laws should be assured here if the participation of so many organizations, official and civic, in this Conference gives an indication of continued interest. It is to the Social Protection Committee particularly that the authorities will look for the creation of public sentiment and cooperation essential to any program of repression and venereal disease control.

The control of venereal disease in Puerto Rico, as in other States and Territories, is not only a local problem; it is also a Federal responsibility. This is true not only in time of war when the health of our troops and our home front are essential to victory, but equally in the years of peace until the job is done. Disease knows no political boundaries. The health of one state or of one nation depends to an increasing extent upon the health of all. The venereal diseases are endemic throughout the world and epidemic in large areas; their spread is augmented by modern transport. Unchecked, they cast a deep shadow of human misery across the land. They are still our number one health problem, and an important social problem as well. They undermine family life; maim and kill innocent children. Science has given us the weapons for effective control, and even eradication, if in this Island, in this nation, we have the determination and will to use them fully. The cost will be much less than the cost of inaction.

I can only present to you the facts as I see them. In our democracy, it is only you the people who have the power to act.

#### PUERTO RICO'S PLACE IN THE NATIONAL VENEREAL DISEASE CONTROL PROGRAM

DR. ANTONIO FERNOS ISERN

*Commissioner of Health for Puerto Rico, Chairman of the Committee on Social Protection and Chairman of the Regional Social Hygiene Conference*

In the fight for liberty, which, when it seems to have terminated in victory, begins anew in pursuit of a greater liberty and a more resounding victory, there is before us an enemy which we must conquer, because if we should permit it to continue fighting us we would be neglecting one of the forces which, without doubt, produces effects as deadly as those of our present enemies in this war for world-wide liberty and democracy.

It has fallen upon me to preside at this Regional Conference on Social Hygiene, the first to be held in Puerto Rico, under the auspices of the Department of Health, the American Social Hygiene Association, the Puerto Rican Committee for Social Protection, the Division of Social Protection, the U. S. Public Health Service, with the cooperation of the Army and Navy and with the motto: "Unite Against Venereal Diseases—Venereal Disease Delays Victory."

Many official, civic, social and labor organizations are represented at this conference. The presence among us of our distinguished guests, not the merits of its Chairman, gives us the measure of its importance. As Chairman of this Conference, as Commissioner of Health, as President of the Social Protection Committee of Puerto Rico, I have set forth before this assembly the question: What is Puerto Rico's participation in the national program for the control of venereal diseases?

What is the nature of participation? What is the interest of Puerto Rico in that participation? What is the necessity for Puerto Rico's acceptance of participation? And in order to answer these questions, the nature of the struggle must be made clear, to begin with. This struggle is scientific, social, moral and human—above all human. Nothing is more humane than to serve and protect and promote the health and the life of humanity itself.

Of the long and painful struggle for the existence of mankind over the face of the earth, we do not know the beginnings from a strictly historical viewpoint; but should we explain them according to the religious teachings or according to the teaching of anthropology, looking into the sacred books of religion or into the consecrated books of science, we find how man has striven always to subdue inferior forms of life for the sake of enhancing our superior form of life, within the zoological realm. Now empiricism and at other times experimentations have been giving man the weapons for his defense.

Let us take a leap from the prehistorical level to the frontiers of contemporary history and we find Jenner, inoculating the vaccine virus to protect us from smallpox; a step ahead and we find Pasteur pointing to the eye-piece of the microscope which multiplies the human vision to discover the infinitely tiny, but infinitely powerful, forms of life; another step onward and the spirochete of syphilis is identified and Wassermann establishes the serologic reaction to discover syphilitic infection. In the midst of all this we find the new science of public health organizing and growing a full fighting technique in the manner of warfare strategy in the face of an enemy.

Within our own time, within the very years of our life, the technique of warfare has undergone numberless changes. An army waging battle today with the armament and technique of merely twenty-five years ago, the time since the first World War, would be defeated beforehand. Armaments have had to be revised, renewed, transformed; techniques likewise.

In a similar way, the struggle for the public health is revised, renewed, transformed.

In the history of public health the world over, Puerto Rico, modest in many aspects of its life, has no reason to be so modest for the

part it has played. When the establishment of vaccination was still under discussion and was resisted in the civilized nations of Europe, Puerto Rico during the first year of the 19th century was experimenting with and establishing vaccination. Puerto Rico was one of the first countries in the new world to establish vaccination against smallpox. Dr. Oller, Head Surgeon of the garrisoned Puerto Rican regiment of that time, imported vaccine serum from the then Danish Virgin Islands. Shortly after the Spanish-American War, Puerto Rico, through the voice of Dr. Ashford, warned the world that these fertile lands of tropical and sub-tropical America were infected with an anemia-producing worm which was devitalizing their population. With Ashford's discovery the work of curing the new world, and even Europe, of hookworm disease, received a tremendous impulse. Hardly had the world known that Salvarsan cured syphilis, when Salvarsan treatment for syphilis began in Puerto Rico.

It was not enough to know that there was syphilis; it was not enough to know that syphilis was caused by the spirochete; it was not enough to know that it was transmitted by sexual contact; it was not enough to know that it was curable with Salvarsan and with the different chemical products later developed. There remained still the need to organize against syphilis as we organize against uncinariasis, as we organize against smallpox, as we organize against infectious diseases in general. Another chapter in the work of the science of public health had to be added, to be called: "Control and Suppression of Syphilis in Mankind." That chapter is now written and we know a few fundamental things: We know that syphilis is transmitted from man to woman and from woman to man and that there is no intermediary agent. We also know, however, that there are men and women, we must regretfully declare, more women than men—who, on account of a grievous failure by society, unconsciously—let us plead in their favor—living in ignorance and squeezed by poverty, are bent on spreading syphilis and the other venereal diseases. And methods have been tried and palliatives have been experimented with between both evils. All have failed.

The attempt to maintain prostitution in the heart of society and keep that society free from venereal diseases, has failed. Considering the realities of social life, prostitution cannot exist without venereal diseases. This is the problem that we are facing now in Puerto Rico.

Here is the real problem: Do we want to free our people from venereal diseases? Do we want to protect the child from the terrible heritage of syphilis? Do we want to spare the mother the anguish of bringing death to her child when she believes she is giving him life, and protect her after the pangs of motherhood and the bloody drama of childbirth, from finding that all ends in a frustrated life and in a coffin instead of a cradle? Do we want to free young men from the harrowing bitterness suffered upon learning that kisses and caresses carry with them to a beloved woman as a penalty,

infection of her blood with one of the most dangerous and deadly diseases afflicting humanity? Do we want to protect the family from the loss of the parent at a time when his efforts and his care are most needed to protect his offspring? Do we want to preserve the man who at the summit of accumulated experience and triumph of life, falls stricken by syphilis? Do we want to spare society the loss of great men who when their counsel is at its best are beaten down by this scourge? Do we want to avoid the sorrowful sight of the countless tragedies preying upon the insane syphilitics who fill our hospitals? And above all, do we want in this hour of strife a healthy, vigorous army, capable of confronting the enemy hordes?

If that is what we want, we must organize against syphilis.

Puerto Rico through the years has held a point of vantage in the struggle for the public health; in shedding the blood of its sons in the defense of liberty and democracy Puerto Rico has always occupied the vanguard, in the first World War and in this second World War. Puerto Rico cannot now be guilty of an unpardonable backwardness, negating integrity and its will to strive for public health, by being able to offer to this struggle not the red blood of her vigorous sons but the sickly blood of hospital inmates.

Puerto Rico's participation in the struggle against venereal diseases must be on a par with its participation in the military effort. With the same decision that inspired its sons in rallying to the colors, forming in the ranks and going to Europe to vanquish the enemies of liberty and democracy, they must enter the ranks in the anti-venereal front, thus guaranteeing that our men will be able to hold high the colors in the battlefield, and that our men, women and children can also hold the flag aloft on the home front, so essential for the support of the combat forces.

Such is the participation that Puerto Rico is bound to take in the national fight against venereal disease. We must decide it now and fulfill our responsibility.

Let us examine the various phases of this fight.

First of all, we must spread knowledge. Let us all understand that syphilis is among us and how it is propagated. The enemy known, half the battle is won.

In the second place, we must have the resources and the skill in order to make the correct diagnosis of syphilis. The medical profession of Puerto Rico is well prepared to do this.

Due to lack of economic resources among so large a proportion of our population, the Health Department has established a Public Health Unit in each town of Puerto Rico, where anyone can be examined for syphilis without cost.

We have the resources of our laboratories. The Health Department maintains eight laboratories in the Island where blood tests are made.

We have also field agents who after localizing a syphilitic case, invite to the clinic those persons who on account of their relations with the first patient, may be suspected of having the disease. We have established two hospitals where at present 500 cases of venereal diseases are hospitalized. Two more hospitals with a capacity for 500 more cases are now being prepared. Buildings are being purchased for accommodating 750 more cases. For those cases under observation, houses of detention are being provided.

But this is not all. Still more must be achieved. A Committee of Social Protection has been set up in which the following are cooperating: The Departments of Health, Justice and Education, the Social Service Agencies, the Army and Navy, the U. S. Public Health Service, the Federal Social Security Agencies, the Federal District Attorney, labor, religious and civic organizations, and public-spirited citizens. We jointly drew up an inclusive program embracing all the aspects of the fight against venereal diseases. The work has been distributed among five sub-committees: One on Education in Venereal Diseases, one on Treatment of Venereal Diseases, one on Legislation, one on Law Enforcement, one on Rehabilitation.

Besides the knowledge and the treatment, a number of laws and their enforcement are necessary, since to reduce venereal diseases we must deal with a social problem: That of prostitution.

There is no sense in attacking venereal diseases on the one hand and on the other hand permitting their spread. As long as prostitution exists, venereal diseases will thrive. If prostitution is allowed free scope, venereal diseases will have free scope. And "regulated" prostitution means "regulated" dissemination of venereal diseases. In short, in one form or another, with prostitution they will be propagated.

Repression of prostitution is, therefore, the cornerstone in the fight against venereal diseases. And to repress prostitution we must know its causes.

#### What are the causes of prostitution?

Prostitution is a trade, a business. Why are the people involved in it, despite its social connotations? In the first place, for economic reasons. The trade yields profits, even if only for a few years, as long as there is beauty to peddle, youth to sacrifice and love to simulate.

It is a lucrative business, lucrative for those plying it, and lucrative for those exploiting those who ply it.

And then we ask: Are not there other trades yielding the same economic benefit without those social connotations? And we are obliged to answer: There are not many. There may be none within the general economic situation. But if there should be, they are not within the reach of those plying the trade of prostitution. And they are out of reach because those occupied in prostitution come

mostly from homes where poverty keeps the stomachs empty, the bodies slovenly, the spirit discontented; because there was no hope of a better life; because all doors being closed to normal legitimate expansion, an exit was sought, as a sort of escape from misery and frustration, through the trapdoor of prostitution. Poorly established homes, broken families, ignorant, illiterate parents, drunkenness, poverty and squalor, that is the soil producing those derelicts, who, dazzled by the glamor of easy living, flutter swiftly like dazzled moths into the flaming dunghills of prostitution.

And what do we need then, in the face of this problem? In the first place, let us tackle the economic problem in a threefold way: Eradication of slums, provisions for proper education and employment.

After the economic aspect, we ought to use the instruments of law to punish whoever incites to prostitution.

And when it has not been possible to prevent the evil, then let us lift up those who are found in prostitution, cure them of disease, rehabilitate them vocationally and return them to the fold of society, even if granting them belatedly what was denied them earlier when the whole tragedy could have been prevented.

Such is the purpose of our program. Within the national fight against venereal disease, Puerto Rico's task consists in keeping in line and marching steadily onward to develop the program drawn up by the Committee on Social Protection. We are in the ranks with the banners of health unfurled. The victorious outcome is in sight over the battlefields of Europe. The coming dawn of liberty shall illumine all the expanse of the earth. This shall also mean the liberation of the human body from the depredation of disease.

## RESOLUTIONS

presented by the  
*Committee on Resolutions of the Regional Conference on  
Social Hygiene*  
held on February 9, 1944, San Juan, Puerto Rico  
and approved by the  
*Puerto Rico Social Protection Committee*  
on March 16, 1944

## RESOLUTION NO. I

## PROTECTION OF THE PUBLIC HEALTH

*Whereas*, there is need for standards by which health authorities may decide who are reasonably suspected of having venereal diseases, (syphilis, gonorrhea infections, chancroid, lymphogranuloma venereum, granuloma inguinale, etc.) ; and

*Whereas*, the powers of the health officer in reference to the control of communicable diseases in general should not be abridged when applied to the control of the venereal diseases ; and

*Whereas*, voluntary examination and treatment have proved successful, when with this medical treatment are united the social forces of rehabilitation :

*Therefore*, it is hereby *resolved*: That the Conference recommends continued study and extension of effective voluntary examinations and treatment services, but, in view of the importance of preventing further increases of venereal diseases and reducing opportunities for their transmission, also recommends the following formulation more precisely defining those who may be reasonably suspected of having venereal diseases and the mode of procedure in regard to them;

(a) All persons who are known to the health officer to have been exposed to a venereal disease may be reasonably suspected of having such a disease and shall be examined. In carrying out this procedure the results of such examinations should be confidential and should not be used as evidence in any trial for violation of laws against prostitution.

(b) All persons who have been convicted of recent sex offenses involving promiscuity may be reasonably suspected of having venereal diseases.

(c) The functions of the health officer in prevention, diagnosis and treatment of venereal diseases, should not be confused and hampered by imposing upon him duties involving directly or indirectly police law enforcement, or matters properly pertaining to the courts.

## RESOLUTION NO. II.

## SOCIAL PROTECTION FOR YOUTH

## RESOLVED :

1. That the establishment and maintenance of high standards of sex conduct are the best protection of public health from venereal diseases.
2. That up to the level of the highest standards which can be sustained by public opinion, laws penalizing the promotion of, and indulgence in, promiscuous sex relations constitute sound and practicable health measures.
3. That the public support of such laws and law enforcement is and should be largely dependent upon the following considerations :
  - (a) That such laws be designed particularly to eliminate prostitution and to protect the youth from this evil.
  - (b) That these laws and their enforcement should not be discriminatory and in all cases should apply equally to men and women.
  - (c) That the courts be given and exercise a wide discretion to pronounce sentences calculated to rehabilitate the offenders and to deter potential offenders as well as to protect society.
  - (d) That the functions of police and courts in preventing and curing delinquency be not confused and hampered by imposing upon them duties involving directly or indirectly the diagnosis and treatment of venereal diseases.

## RESOLUTION NO. III

## PROVISION FOR MEDICAL TREATMENT AND EDUCATION

*Whereas*, the enforcement of laws against prostitution in order to be effective and in order to reach its objectives should be supplemented by medical measures aimed at rendering non-infectious sexually promiscuous carriers of disease; and

*Whereas*, the enforcement of laws for the prevention and treatment of venereal diseases would equally be dependent on the existence of adequate medical facilities for that purpose; and

*Whereas*, society would not fulfill its full obligation if it limits its activities to the suppression or repression of prostitution and to the prevention and treatment of venereal diseases, it being evident that, the prevention of the spread of venereal diseases and of prostitution largely depends on the social, educational and moral conditions of the people; and

*Whereas*, the value of legislation and law enforcement is limited in practice by the educational background of the people and the facilities offered for checking the evils intended to be cured, *be it resolved*:

That adequate facilities for voluntary examination and treatment of venereal diseases be provided, accessible to residents of all parts of Puerto Rico, together with a constructive program for re-education, industrially, morally and socially;

That increased efforts be made through protective and educational work to eliminate conditions that make for prostitution and disease; to the end that youth be safeguarded and exploitation of men and women be prevented.

#### RESOLUTION NO. IV

##### IN SUPPORT OF LEGISLATION FOR THE PURPOSES PREVIOUSLY MENTIONED

*Be it Resolved* by this Resolutions Committee of the Regional Conference on Social Hygiene:

That in accordance with other resolutions approved by this Committee of Resolutions of the Regional Conference on Social Hygiene, this Committee indorses Bill No. 226 and Bill No. 227, as drafted by the Social Protection Committee of Puerto Rico.

This Resolutions Committee also indorses and urges the development and continuance of the proposed system of rapid treatment centers, as inaugurated by the Health Department, under the auspices of the Federal Works Administration.

This Resolutions Committee further declares that laws against prostitution and for the prevention of venereal diseases would be ineffectual and unenforceable unless the proper medical facilities such as rapid treatment centers be developed and kept in full operation.

#### COMMITTEE ON RESOLUTIONS

##### PUERTO RICO REGIONAL CONFERENCE ON SOCIAL HYGIENE

DR. ANTONIO FERNOS ISERN  
Commissioner of Health, Chairman,  
Regional Social Hygiene Conference and of The Puerto Rico  
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Control, Insular Department of  
Health, Puerto Rico

DR. WILLIAM F. SNOW (Represented by Miss Jean B. Pinney at the meeting of March 16th)  
Chairman, Executive Committee,  
American Social Hygiene Association, New York

DR. CARLOS MUÑOZ MCCORMICK  
President, Puerto Rico Medical Association

DR. OSCAR COSTA MANDRY  
Director, Bureau of Public Health Laboratories, Insular Department of Health, Puerto Rico

MRS. MARIA P. RAHN  
Chairman, Sub-Committee on Social Rehabilitation, The Puerto Rico Committee on Social Protection;  
Director, Department of Social Work, University of Puerto Rico

## GREETINGS AND MESSAGES RECEIVED FROM THE OTHER AMERICAN REPUBLICS

Numerous letters and cablegrams were received by the Conference Chairman, Dr. A. Feros Isern, expressing interest and good wishes for the success of the meetings. The following are excerpts:

La Paz, Bolivia, February 14, 1944

Your kind invitation to join in the Conference on Social Hygiene held in San Juan on February 9th has been received.

I regret that it arrived too late for us to send a message to be read during the Conference sessions, but may I now offer my best wishes and hearty congratulations on the success of this event.

DR. HECTOR ALIAGA SUAREZ  
Director General of Health

Bogota, Colombia, February 10, 1944

I should have liked to send a delegate to this important Conference, but the invitation did not arrive in time to arrange for this. I look forward, however, to seeing the report of the Conference, and learning the developments regarding venereal disease control, in which this country is much interested.

Best wishes for the success of the Conference's work.

DR. ALFONSO OROZCO  
Secretary General of Labor, Health  
and Social Security

San Jose, Costa Rica, February 4, 1944

Costa Rica is vitally interested in the subject of the Regional Conference on Social Hygiene, and we greatly regret that transportation difficulties will prevent a delegate attending from here. We have, however, asked Dr. E. Martinez Rivera of San Juan to represent us.

The invitation to join in this meeting is greatly appreciated.

DR. SOLON NUNEZ  
Secretary of Public Health and Social Protection

Ciudad Trujillo, Dominican Republic, March 4, 1944

... The Social Hygiene Conference was a genuine success, covering in an excellent way the problems relating to control of the venereal diseases in the Caribbean area. I feel sure that the Conference will be of great assistance to me in my future work. . . .

DR. L. F. THOMEN  
Assistant Secretary of Health and  
Public Assistance

Quito, Ecuador, February 9, 1944

We considered the possibility of sending a delegate to this important meeting, but transportation difficulties prevented. Please accept our best wishes for a brilliant success, and the hope that the Conference deliberations and resolutions may have a lasting effect on health progress.

DR. LEOPOLDO N. CHAVEZ  
Minister of Hygiene and Health

San Salvador, El Salvador

May I express my appreciation of the invitation received to the Conference on Social Hygiene in San Juan, and assure you of my interest in this event.

VICTOR ARNOLDO SUTTER  
Director General of Health

Tegucigalpa, Honduras, February 4, 1944

The invitation to the Conference has been received and is much appreciated. I regret that it will not be possible for us to participate, but you have our best wishes for a great success both in the events and the permanent progress which should come out of the Conference deliberations.

DR. P. H. ORDONEZ DIAZ

Director General of Public Health

Mexico, D. F.

Best wishes for the success of the Social Hygiene Conference, which we believe will be especially valuable at this time.

DR. GUSTAVO BAZ

Secretary of Health and Assistance

Managua, Nicaragua, February 3, 1944

Lack of time to arrange for transportation will prevent the attendance of a delegate to the Conference, but I want to send my congratulations and best wishes for the success of this meeting. I shall look forward to hearing the report of the sessions.

The occasion should be a memorable one.

DR. LUIS MANUEL DEBAYLE

Director General of Health

Panama, February 9, 1944

We would have liked to send a delegate to the Social Hygiene Conference, but at the last moment it proved impossible. Please accept our best wishes for the success of this event, and the assurance that we are greatly interested in this campaign.

DR. GUILLERMO G. DE PAREDES

Director of Health

Asuncion, Paraguay, February 8, 1944

We regret that it was not possible for Paraguay to be represented at this important meeting, and are honored by the invitation. The Conference should make a valuable contribution to health improvement and welfare in the Americas.

DR. GERARDO BUONGERMINI

Minister of Health

Caracas, Venezuela, February 3, 1944

I take this opportunity to send you greetings and to express my deep satisfaction that the Social Hygiene Conference is being held, together with the hope that it may be highly successful.

Traditionally, my country has held to the principle that united action of the American people towards the solution of our common problems will bring good results. The Conference theme is inspired with this ideal, and since the venereal diseases are among the heaviest afflictions of the people, I can do no less than offer full cooperation in the plans which may be developed by the Conference in the broad field covered.

DR. FELIX LAIRET, HIJO  
Minister of Health and Assistance

# Journal of Social Hygiene

Social Hygiene in Wartime. XIV.

Some Current Efforts toward Rehabilitation

## CONTENTS

A Study of 280 Patients in the Venereal Disease Isolation Hospitals of Puerto Rico . . . . .	269	
The San Francisco Separate Women's Court . . . . .	Richard A. Koch . . . . .	288
Rehabilitation in Action: A Social Hygiene Society Cooperates with a Rapid Treatment Center in Aiding Venereal Disease Patients . . . . .	Lucia Murchison . . . . .	296
Who Are the Juvenile Delinquents? . . . . .	Winifred Overholser . . . . .	304
Editorial: "This Way Out . . . ?" . . . . .		309
National Events . . . . .	Reba Rayburn . . . . .	311
News from the 48 Fronts . . . . .	Eleanor Shenehon . . . . .	317
Notes on Industrial Cooperation . . . . .	Percy Shostac . . . . .	322

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# Journal of Social Hygiene

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NO. 5

Social Hygiene in Wartime. XIV.

Some Current Efforts toward Rehabilitation

A STUDY OF 280 PATIENTS IN THE  
VENEREAL DISEASE ISOLATION HOSPITALS  
OF PUERTO RICO

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FEBRUARY, 1944

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*Report on a study of prostitution conducted by the Bureau of  
Medical Social Services of the Puerto Rico Department  
of Health at the request of the Puerto Rico  
Social Protection Committee*

War has brought the venereal disease problem to a sharp focus because of its undermining effects on the defensive structure of the nation. Statistics presented by the Puerto Rico Department of Health on the incidence of the venereal diseases among civilians and reports made by military authorities on the rates of these diseases among the armed forces have contributed to arouse interest in the study and control of prostitution—which is the largest reservoir of venereal diseases. The particular acuteness of the situation in Puerto Rico points up the need for drafting plans to curb these diseases with their debilitating effect on military manpower and civilian population.

With the purpose of focusing the efforts of public and private organizations on an island-wide program for the control and prevention of venereal diseases, the Puerto Rico Social Protection Committee was organized in October, 1943, on the initiative of Dr. Antonio Fernós Isern, Commissioner of the Insular Department of Health, and Mr. Conrad Van Hyning, Territorial Director, Community War Services, Federal Security Agency. To study specialized phases of the Committee's objectives, appropriate sub-committees were appointed, one of which is the *Social Rehabilitation Sub-Committee*. This sub-committee found that no adequate information was available to guide the development of a rehabilitation program for promiscuous girls or prostitutes. Accordingly, it was recommended that a study be conducted to reveal the characteristics and background of girls confined for treatment in the Venereal Disease Isolation Hospitals. The study was undertaken by the Bureau of Medical Social Services of the Department of Health, at the request of the Commissioner of Health who is also Chairman of the Social Protection Committee.

The Bureau of Medical Social Services felt that the opportunity offered by this study should also be used to gather factual information bearing on practices and patterns of prostitution in Puerto Rico, and that the schedules used for recording interviews with patients should be designed for use as the basis of further case work with the individuals, as well as for gathering the data for this study.

The study covers such information and characteristics of patients as the following: age, race, civil status, religion, physical handicaps, medical diagnosis, sources of infection, social background (including type of childhood and adolescence home, location, economic situation, family composition), social problems, education, training, work history, vocational choices, sex history and circumstances, factors leading to prostitution, length of time in prostitution, influence of friends and facilitators, places of soliciting and sex contacts, types of customers, income, attitude of patient toward way of living and worker's impression of rehabilitation possibilities.

The Bureau presented to the Rehabilitation Sub-Committee preliminary findings based on tabulation of 200 schedules, on January 14, 1944. The present report is based on analysis and tabulation of schedules of 280 patients at Caguas and Troche Isolation Hospitals. These findings, though more complete, are not significantly different from those of the preliminary report.

The 280 patients constitute over half of the normal population of the hospitals, and unquestionably constitute an adequate sample of the group as a whole.

At the end of this report, a summary, notes on methods used in conducting the study, the staff participating, and a sample of the schedule, have been appended.

#### FINDINGS

Characteristics of the group as revealed by this study follow:

1. One-eighth of the 280 patients claim they are not prostitutes and in most cases this seems to be true.
2. *Diagnoses*

From 275 available medical records it was found that 95 per cent of the patients are under treatment for gonorrhea. One-third are under treatment for at least one other venereal disease, usually syphilis. The relative frequency of the venereal diseases under treatment are:

Disease	Number Infections Under Treatment (275 patients)		Relative Frequency
Gonorrhea . . . . .	261		70
Syphilis . . . . .	102		27
Lymphogranuloma venereum.....	6		2
Chancroid . . . . .	2		1
	371		100

3. *Age Distribution*

Age	Number	Percentage Distribution
14 yrs.....	3	1
15 yrs.....	5	2
16 yrs.....	16	6
17 yrs.....	32	11
18 yrs.*.....	50	18
19 yrs.....	39	14
20 yrs.....	36	13
21 yrs.....	16	6
22 yrs.....	20	7
23 yrs.....	21	7
24 yrs.....	13	5
25 yrs.....	12	4
26-30 yrs.....	11	4
Over 30 yrs.....	3	1
Not given .....	3	1
	280	100

More girls are 18 than of any other single age group, and over half of the total are under 21. Very few are over 25.

---

\* Heavy type in this and subsequent tables indicates the classification containing the largest number, and therefore the most typical.

#### 4. Residence

At time of admission to hospital the residences of the patients were as follows:

	Number	Per Cent
In the seven largest municipalities ** on the Island..	184	66
In municipalities adjacent to largest municipalities..	39	14
Neither in nor adjacent to the largest municipalities, but near military establishments (note also Section 28) .....	47	17
Other municipalities.....	10	3
	<hr/>	<hr/>
	280	100

#### 5. Color

Color	Number	Percentage Distribution
White .....	157	56
Mulatto .....	74	27
Colored .....	45	16
Not given .....	4	1
	<hr/>	<hr/>
	280	100

#### 6. Civil Status

Status	Number	Per Cent
Single .....	174	62
Married (legally) .....	28	10
Married (consensually) .....	30	11
Separated .....	13	5
Divorced .....	27	9
Widowed .....	6	2
Not given.....	2	1
	<hr/>	<hr/>
	280	100

#### 7. Physical Handicaps

Relatively few serious physical handicaps are found. There were 10 girls (3 per cent of total) with scarred faces. This may not appear to be a handicap, but some of the girls feel it marks them for life as prostitutes, and it is therefore a real barrier to rehabilitation. Six (2 per cent) have defective sight. One is a hunchback and five others have some other physical handicap.

#### 8. Previous Commitments to Hospitals

Half of the 280 patients have been committed to a venereal disease hospital at least once before. For 9 per cent, the present commitment is at least their fourth.

	Number	Per Cent
Present commitment the first.....	139	50
Once before .....	68	24
Twice before .....	34	12
Three times before.....	19	7
Over three times before.....	7	2
Not given.....	13	5
	<hr/>	<hr/>
	280	100

\*\* Puerto Rico is divided into 77 "municipalities" which are roughly equivalent to "counties" in the States.

9. Childhood of 80 per cent was spent in a home with at least one parent. In adolescence only 43 per cent were in a home with at least one of their parents; 37 per cent were in foster homes; and the remainder were married or living in homes where they worked.
10. Thirty-nine per cent of the girls felt that the economic situation in their childhood homes was adequate. This is a subjective evaluation, of course, and actually it is probable that the economic situation did not provide an adequate living in most cases.
11. All but 34 per cent of the 280 patients reported at least one serious social problem in their families. Percentagewise, these are as follows:

	<i>Per Cent</i>
Alcoholism . . . . .	37
Desertion . . . . .	22
Dependency . . . . .	13
Promiscuity . . . . .	11
Criminal history . . . . .	8
Other . . . . .	9
	<hr/>
	100

12. Sixty per cent maintain good relations with their families (though in some cases the family does not know the girl is in prostitution). An additional 11 per cent maintain good relations with foster families. Only 21 per cent report strained relations with their families. Eight per cent have no family ties.

### 13. Education

Sixteen per cent of the group have had no education at all. Over half have not advanced beyond third grade. Distribution of the 280 by grade of school attained follows:

<i>Grade</i>	<i>Number</i>	<i>Per Cent</i>
None . . . . .	46	16
1st grade. . . . .	18	6
2nd grade. . . . .	34	12
3rd grade. . . . .	49	18
4th grade. . . . .	37	13
5th grade. . . . .	30	11
6th grade. . . . .	13	5
7th grade. . . . .	25	9
8th grade. . . . .	20	7
Over 8th grade. . . . .	8	3
	<hr/>	
	280	100

### 14. Previous Vocational Training

Over half of the 280 patients have had at least some vocational training. In this respect the total group is distributed as follows:

	<i>Per Cent</i>
Needlework or sewing. . . . .	25
Domestic service. . . . .	19
Other . . . . .	7
None . . . . .	49
	<hr/>
	100

### 15. Job of Previous Maximum Earnings

Many of the girls had done more than one kind of work. For over half, their maximum earnings outside of prostitution were in domestic service.

Type of Work	Number for Whom Type of Work Provided Best	
	Previous Earnings	Per Cent
Domestic service.....	157	56
Sewing (dress making).....	19	7
Needlework (embroidery, etcetera)	19	7
Other .....	36	13
No previous work.....	49	17
	280	100

16. Distribution of earnings from work outside of prostitution was as follows:

	Per Cent
Never worked.....	17
Subsistence only.....	2
Under \$2 per week.....	29
Over \$2 but under \$3 .....	25
Over \$3 but under \$5 .....	14
Over \$5 but under \$10 .....	12
\$10 or over.....	1
	100

Two dollars was the most typical weekly wage.

### 17. Vocational Choices of Patients

Sixteen per cent of the patients had no vocational choice outside of prostitution. Considering both first and second vocational choices of the remainder, the distribution is as follows:

	Per Cent
Domestic service.....	33
Seamstress .....	28
Needlework .....	14
Nurses aid.....	12
Beautician .....	3
Salesgirl .....	3
Clerical worker.....	3
Other .....	4
	100

Of those who would choose domestic service, 26 per cent specified laundry work, and 29 per cent specified cooking.

The high percentage interested in work as nurses aides is doubtless a reflection of their experience in the venereal disease hospitals. This, together with the low percentage mentioning some of the better paying types of work, such as beautician, sales person, etcetera, leads to the observation that these girls need vocational guidance in the selection of possible fields of work,

and a vocational training program should probably not be very much conditioned by the patients' present choices.

#### 18. Sex History; Age at First Menstruation

	<i>Age</i>	<i>Number</i>	<i>Per Cent</i>
Under	11 yrs.....	12	4
	11 yrs.....	33	12
	12 yrs.....	77	28
	13 yrs.....	71	26
	14 yrs.....	42	15
	15 yrs.....	26	9
	16 yrs.....	7	2
Over	16 yrs.....	6	2
	Not given.....	6	2
		280	100

#### 19. Age at First Sex Experience

	<i>Age</i>	<i>Number</i>	<i>Per Cent</i>
Under	12 yrs.....	11	4
	12 yrs.....	23	8
	13 yrs.....	39	15
	14 yrs.....	35	13
	15 yrs.....	67	24
	16 yrs.....	53	19
	17 yrs.....	17	6
	18 yrs.....	15	5
	19 yrs.....	6	2
	20 or over.....	7	2
	Not given.....	7	2
		280	100

#### 20. Circumstances of First Sex Experience

	<i>Number</i>	<i>Per Cent</i>
Marriage (including consensual).....	72	25
Rape (including statutory, i.e., seduction under 14 years of age).....	77	28
Seduction .....	123	44
Other .....	8	3
	280	100

#### 21. Age at Which Patient Was Initiated into Prostitution

Excluding the 36 patients who are not prostitutes, the remaining 244 are distributed below by age at which they were initiated into prostitution:

	<i>Age</i>	<i>Number</i>	<i>Per Cent</i>
Under	14 yrs.....	14	6
	14 yrs.....	17	7
	15 yrs.....	28	12
	16 yrs.....	33	14
	17 yrs.....	36	15
	18 yrs.....	27	11
	19 yrs.....	31	12
	20 or over.....	52	21
	Not given.....	6	2
		244	100

### 22. Length of Time in Prostitution

Excluding the 36 patients who are not prostitutes, the 244 prostitutes are below distributed by length of time in prostitution:

<i>Length of Time</i>	<i>Number</i>	<i>Per Cent</i>
Under one year		
(Over 3 months but under 1 year).....	73	27
(Under 3 months).....	19	8
One year.....	54	23
Two years.....	25	11
Three years.....	18	8
Four years.....	13	5
Five years.....	12	5
Over five years.....	25	10
Not given.....	5	2
	244	100

The most typical patients have been prostitutes about one year and over two-thirds of them for less than two years.

### 23. Factors Leading to Prostitution

Excluding 36 who are not prostitutes, most patients mentioned several of the factors given below. It is noted that influence of friends and relatives is more often cited than the economic factors leading to prostitution. By age group, it is the younger girls who get into prostitution without influence or by introduction of friends, and in general the economic pressures apply more severely to the older women.

<i>Factor</i>	<i>Frequency</i>	<i>Percentage Weight</i>
<i>Economic</i>		
Economic .....	132	19
Love of personal adornment.....	75	10
Desertion .....	29	4
Dependency .....	12	2
Total economic pressure factors.....		35%
<i>Influence of Others</i>		
Influence of friends.....	138	20
Attitude of parents .....	52	8
Attitude of husband .....	31	4
Influence of neighbors.....	17	2
Ill treatment at home.....	69	10
Total influence of other factors....		44%
<i>Other Factors</i>		
Love of excitement and adventure....	87	12
Lack of adequate recreation.....	60	9
		21%
		100

### 24. By Whom Induced to Enter Prostitution

Excluding the 36 not prostitutes, and 53 patients who said no other persons induced them to enter prostitution, the persons introducing the remainder to prostitution are classified below:

	Number	Per Cent
Friends .....	152 (of these 118 were specified as girl friends, 13 as men, of whom 4 were policemen, 21 friends, sex unspecified).....	80
Procurers.....	33 (13 pimps, 18 madams, 2 not specified) ..	17
Others.....	7 (includes relatives, 2).....	3
		<hr/> 100

Note that friends are almost five times as frequently cited as procurers. It appears therefore that operations of procurers are not on a large scale; that most prostitutes get into that business because they wish to, and are introduced to it by girl friends. (Of course, it is possible that some of the "girl friends" might be regular procurers.)

#### 25. Factors Determining Continuation After First Entering Prostitution

Again excluding the 36 not prostitutes, the relative importance of factors that prostitutes give for remaining in prostitution are the following:

	Frequency	Percentage Weight
Income .....	165	36
Rejection by family or social groups (family, 82).....	101	22
Influence of procurers, bar operators and other "facilitators".....	87	19
Fondness for dancing, liquor, etc.....	39	9
Hypersexuality .....	34	8
Influence of friends.....	29	6
		<hr/> 100

For comparison with data on persons influencing girls to enter prostitution, the similar factors influencing them to stay in prostitution may be considered separately.

	Frequency	Percentage Weight
Rejection by family or social group..	101	47
Influence of procurers .....	87	40
Influence of friends .....	29	13
		<hr/> 100

Thus it is seen that influence of procurers becomes a much more important factor in keeping girls in prostitution than it was as a factor inducing them to begin it. In *Section 24* above, it is shown that only 17 per cent of the persons whose influence led to initial prostitution were procurers, while it is noted above that procurers constitute 40 per cent of persons influencing women to remain prostitutes.

#### 26. Place of Soliciting

Bars far overshadow other places of soliciting, but most girls solicit at other places also.

<i>Place</i>	<i>Frequency</i>	<i>Percentage Weight</i>
Bars . . . . .	165	46
Hotels . . . . .	51	14
Night clubs . . . . .	39	11
Streets . . . . .	38	10
Houses of prostitution . . . . .	29	8
Parks . . . . .	15	4
Own room or home . . . . .	13	4
Other . . . . .	12	3
		100

#### 27. Place of Sex Contacts

<i>Place</i>	<i>Frequency</i>	<i>Percentage Weight</i>
Hotels . . . . .	119	31
Houses of prostitution . . . . .	81	21
Bars . . . . .	74	19
Own room . . . . .	50	13
Boarding house . . . . .	28	7
Open spaces . . . . .	13	3
Taxicabs . . . . .	9	2
Own home . . . . .	7	2
Other places . . . . .	9	2
		100

Thus while most soliciting is in bars (Section 26 above), more sex contacts take place in hotels.

#### 28. Customers: Armed Forces or Civilians

Of 237 prostitutes who gave this information, customers of 35 per cent were from the armed forces, 33 per cent had both military and civilian customers and 31 per cent had civilians only. This is indirect evidence that members of the armed forces probably constitute well over half of the customers in current prostitution.

#### 29. Reaction of Patients to Prostitution

Of the 244 patients who are prostitutes, 18 did not give their attitude towards it. The remaining 226 have been classified as follows:

	<i>Number</i>	<i>Percentage</i>
a. Likes prostitution and does not wish to quit . . . . .	55	24
b. Dislikes prostitution but does not intend to quit . . . . .	27	12
c. Would quit for job with earnings equalling those from prostitution . . . . .	2	1
d. Would quit for adequate earnings . . . . .	35	15
e. Would quit for a man to care for her . . . . .	16	7
f. Would quit for a man plus adequate job . . . . .	6	3
g. Intends to quit, but has no plans . . . . .	47	21
h. Intends to quit, has a plan . . . . .	38	17
		100

Considering patients' attitude alone, it would seem to be those classified d, e, f, and g, comprising 46 per cent of the prostitutes (36 per cent of the total hospital population) with which the

Committee should find the best opportunities for rehabilitation. The 17 per cent who have some kind of plans may also need help to make the plans succeed.

### 30. *Delinquencies of Patients*

Sixty-five per cent of the 280 patients, 183, have previously been arrested, some for several offenses. These delinquencies are:

	Frequency	Percentage Weight
Disorderly conduct .....	74	40
Alcoholism .....	60	33
Assault and Battery.....	35	19
Other (includes gambling 7, pros- titution of minors 2, drug addic- tion 3) .....	14	8
		<hr/> 100

### 31. *Average Weekly Earnings from Prostitution* (222 prostitutes who gave information)

	Number	Per Cent		Number	Per Cent
Under \$5	2	1	\$35 to \$39.99	5	2
\$5 to \$9.99	10	4	40 to 44.99	17	8
10 to 14.99	27	12	45 to 49.99	5	2
15 to 19.99	29	13	50 to 74.99	29	13
20 to 24.99	34	15	75 to 99.99	11	5
25 to 29.99	28	13	100 or over	8	4
30 to 34.99	17	8		<hr/> 222	<hr/> 100

Most typical earnings are about \$20-\$25 per week, though the arithmetic average is \$35. Earnings of \$50 a week or more were claimed by 22 per cent of the prostitutes who gave this information. The interviewing staff noted a tendency to exaggerate, and point out that figures do not take account of exorbitant board, etcetera, paid by some prostitutes.

32. Of the 222 prostitutes who gave budget data, over half (116) contribute to their families, 10 per cent contribute to procurers, and 25 per cent customarily save some money.

### 33. *Workers' Impressions as to Rehabilitation Prospects*

The social workers conducting the interviews made brief statements as to their impression of the rehabilitation possibilities of the patients. Their opinions, together with other factors such as age, education, previous work, length of time in prostitution, etcetera, have been used in classifying the patients as to rehabilitation prospects. The 36 claiming not to be prostitutes are included, as some appear to be in need of help and are interested in training.

	Number	Per Cent
Rehabilitation not necessary.....	18	6
Prospects excellent .....	9	3
Prospects good .....	101	39
Prospects fair .....	69	24
Prospects poor .....	49	17
Prospects practically none .....	34	11
	<hr/> 280	<hr/> 100

An example of information pertinent to each type of classification follows:

*Example of Classification—“Rehabilitation Not Necessary”*

Age: 20

Education: 8th grade

Not a prostitute

Worker's impression as to rehabilitation possibilities:

“Patient is not a prostitute, she is supported by her husband with whom she lives. She went to the Public Health Unit when she found out by her husband that she had been infected by him and was sent to Hospital from there. She is alert.”

*Example of Classification—“Excellent”*

Age: 17

Education: 8th grade plus some training as a nurses' aide

Length of time in prostitution: 1 year

Average income from prostitution: \$20 per week

Reaction of patient to her present way of living:

“She says she does not want to go in prostitution. She wants to work as nurse's aide in a Hospital but not in the V.D. Hospital because they don't let her go out to do her shopping and to see her mother.”

Worker's impression:

“Very good candidate for rehabilitation. Wants to work and quit prostitution. Seems to care a great deal for her mother.”

*Example No. 1 of Classification—“Good”*

Age: 16

Education: 2nd grade, some training in embroidery

Length of time in prostitution: 6 months

Average earnings from prostitution: \$50 per week

Patient's reaction to her present way of living:

“Intends to quit. She is ashamed of this kind of life. Stays now with her grandmother who supports her. Planning to look for a job.”

Worker's impression:

“Says she is out of the business. Seems sincere. Very young and attractive girl. Ashamed and tired of being persecuted. Planning to look for work.”

*Example No. 2 of Classification—“Good”*

Age: 17

Education: 8th grade, some training in handicraft and housework

Length of time in prostitution: 5 months

Average earnings from prostitution: \$25 per week

Reaction of patient to her present way of living:

“She would like to earn her living working in something else. She is afraid her family might reject her now.”

## Worker's impression:

"Patient is cooperative. Seems to be able and capable of learning a trade. Is willing to do so. Seems intelligent."

*Example of Classification—"Fair"*

Age: 14

Education: 8th grade, some training in sewing

Length of time in prostitution: 6 months

Earnings in prostitution: \$100 per week

Reaction of patient to her present way of living:

"Patient loves excitement of this kind of life. Planning to go back to some other bar, not Castle Inn because in there girls are sent to V.D. Hospitals very frequently."

## Worker's impression:

"Very young girl. Has been a short time in present business since most of time she has been in the V.D. Hospital. Her family would like to have her, but she loves excitement. Needs guidance and orientation. Seems a possible candidate for rehabilitation."

*Example of Classification—"Poor"*

Age: 18

Education: 3rd grade; no previous work

Length of time in prostitution: 2 years

Average earnings from prostitution: \$20 per week

Reaction of patient to her present way of living:

"Patient says she likes her present way of living but as she does not like to come to the V.D. Hospital she will go home to live with her family again."

## Worker's impression:

"Apparently very low intelligence. It seems that the possibilities for rehabilitation are very slight."

*Example of Classification—"Practically None"*

Age: 19

Education: None; training in laundry work

Length of time in prostitution: 5 years

Earnings in prostitution: \$80 per week

Reaction of patient to present way of living:

"She likes this kind of life. When she is out of circulation she is bored and has to go back to it again."

## Worker's impression:

"Likes present way of living. She admits she cannot go on without it. Has tried to get out of it but has to come back again. Does not seem inclined to any vocational training."

**SUMMARY**

The patients of the isolation hospitals, which may be assumed to be representative of Puerto Rican prostitutes as a whole, are a young

group. Over half are under twenty-one, and only ten per cent are over twenty-five years old. Almost all of the patients under treatment have gonorrhea and about a third have syphilis. Over half are classified as white: another fourth as mulatto. One-fifth are married (half of these consensually). Very few have physical handicaps. Half of them have been previously committed to hospitals for venereal disease treatment, several as many as four times. History of broken homes, inadequate economic situations, and social problems are very prevalent in the background of these girls (though 60 per cent maintain good relations with their families).

Over half have not more than third grade education; one-eighth have none at all. Vocational training, if any, and previous work history, is typically in domestic service or needlework where earnings averaged about two dollars per week. First sex experience was at less than fifteen years of age in 40 per cent of the cases, usually by seduction, though over a fourth were raped (including all seductions where the girl was under 14 as rape). Over half of the prostitutes were initiated into prostitution when under 18 years of age and most typically they have been in prostitution for less than one year, indicating a fairly rapid turnover, although almost a third have been prostitutes for at least three years.

Most girls declare they got into prostitution because they wanted to, and the majority were introduced into it by girl friends. Only 17 per cent were recruited by procurers, though the influence of procurers or "facilitators" on keeping prostitutes in the business after they once start appears considerable. Love of excitement and adventure is an important factor especially among the younger girls.

Most soliciting is in bars and night clubs. Most common places of actual sex contact are hotels, houses of prostitution and bars. Sixty-five per cent of the patients have previously been arrested. The chief charges have been disorderly conduct and alcoholism, the former of which is the usual charge made when arrests are actually for prostitution, as prostitution itself is not against existing law.

There is evidence that the armed forces constitute more of the customers than the civilian group. This is especially true of the younger girls, and it is they who cite much higher earnings from prostitution than the group as a whole. Average weekly earnings from prostitution are \$35, though one-fifth claim earnings of over \$50 per week.

Over a third of the group state that they intend to continue prostitution upon release from the hospitals. Only 17 per cent have some more or less definite alternative plan.

#### CONCLUSIONS

On the basis of patient's attitude; plus social worker's impression as to rehabilitation possibilities based on education, previous background, length of time in prostitution, etcetera, it appears that social rehabilitation prospects are good for about one-third to one-half of

the group, if provided with facilities for training, guidance, social case work and employment.

On the basis of attitude of patients toward prostitution, the following classifications should be fair prospects for rehabilitation:

	<i>Per Cent</i>
Intend to quit prostitution and have a plan....	17
Intend to quit prostitution but have no plan....	21
Would quit prostitution if could secure adequate earnings elsewhere (or man to live with)....	25

As to social worker's impression after interview, the following proportions are classified as "good" or better rehabilitation prospects:

	<i>Per Cent</i>
"Good" rehabilitation prospects.....	39
"Excellent" rehabilitation prospects.....	3
Rehabilitation not necessary.....	6

It is the opinion of the staffs of the Bureau of Medical Social Services and the Office of Community War Services, Federal Security Agency, that a well planned vocational guidance and training program must in most cases be supplemented by social case work in order to provide the individual attention necessary to achieve reasonable success in the rehabilitation of any substantial proportion of the women now engaged in prostitution in Puerto Rico.

#### METHOD OF STUDY

The study was developed by the following steps:

1. Study of other research projects related to the problem.
2. Consultation with organizations and persons experienced in research of this type.
3. Preparation of a tentative schedule which was discussed and refined by the entire supervisory staff of the Bureau of Medical Social Services.
4. The tentative schedule was then tested by interviews with a small random sample of hospital patients, which led to further revision, and presentation for approval to the Social Rehabilitation Subcommittee. (A sample of the final schedule is attached to this report.)
5. Interviews were conducted by eleven regular medical social workers and eight medical social work supervisors, with 280 patients of Caguas and Troche Hospitals, on various dates between December 20, 1943, and January 14, 1944.
6. To reduce to a minimum the differences in interpretation and appraisal by the workers, detailed written instructions were given followed by a group discussion or institute.
7. Interviews with patients were preceded by interpretation and explanation of the purpose of the study to gain their cooperation. They were assured that information would be held in confidence, and that the Agency hoped to be able to help them. Most of the girls were quite willing to discuss their situations with apparent frankness and sincerity, and most of them seemed to feel the interviews provided high relief from the boredom of hospital life.

8. Only one interview was had with each patient, usually without verification of the statements made by the patient (except consultation with hospital staff or medical records for some of the patients stating they were not prostitutes, or not recalling periods of previous commitment, etc.). There was no time limit for the interview. They probably averaged two hours per patient. The interviews were, of course, conducted in Spanish.

*Specimen of Schedule*

DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH  
BUREAU OF MEDICAL SOCIAL SERVICES

*Confidential Information*

SPECIAL STUDY OF PATIENTS IN V.D. HOSPITALS

V.D. Hospital at ..... P.R.

I. Identification Data:

A. Name.....	B. Address.....	
C. Place of Birth (Specify).....	(Town) (Street) (Barrio)	
D. Age.....	E. Race.....	F. Civil Status.....
G. Religion.....	H. Physical Handicaps (if any).....	

II. Medical Data (To be obtained from medical record):

A. Diagnosis:	1. On admission.....	2. Final.....
B. Medical Recommendations.....		
C. Source of Infection:	D. Previous Commitments to V.D. Hospital .....	
1. Natural .....	(Street) .....	
2. Promiscuity .....	(Barrio) .....	
3. Prostitution .....		

III. Social Background:

A. Childhood (1 to 12 yrs.)	B. Adolescence (12 to 21 yrs.)	
1. Where spent: .....	1. Where spent: .....	
(Town) .....	(Town) .....	
(Street) .....	(Street) .....	
(Barrio) .....	(Barrio) .....	
2. With whom: .....	2. With whom: .....	
.....	.....	
.....	.....	
.....	.....	
C. If patient was not brought up in natural home, explain why.....	.....	
.....	.....	
.....	.....	
D. Type of home she had:	<i>During Childhood</i> (1 to 12 yrs.)	<i>During Adolescence</i> (12 to 21 yrs.)
1. Years in this home .....	.....	.....
2. Family composition .....	.....	.....
3. Economic situation .....	.....	.....
4. Living space	Persons..... Rooms.....	Persons..... Rooms.....

5. Social problem in family:
- Alcoholism .....
  - Criminal history .....
  - Promiscuity  
(specify) .....
  - Desertion  
(specify) .....
  - Dependency  
(specify) .....
  - Other (specify) .....

## E. Actual relations of patient:

- With natural family.....
- With foster family.....

## IV. Educational and Occupational History:

- A. Grade completed..... B. Other training.....

## C. Work experience:

- Type of work:
  - .....
  - .....
  - .....
- Weekly salary:
  - .....
  - .....
  - .....
- Place and time in occupation:
  - .....
  - .....
  - .....

- D. Vocational choices (if any): a. .... b. ....

## V. Sexual History:

- A. Age at time of:
- First menstruation.....
  - First sex experience.....
  - Circumstances:
    - Marriage.....
    - Rape.....
    - By whom.....
  - Seduction.....
  - Other (specify) .....
- B. Age at which patient was initiated in prostitution.....
- C. Length of time in prostitution.....
- Continuous..... 2. Intermittent.....
- D. Circumstances which led patient to become a prostitute:
- Economic....
    - Dependents:
      - Own children..... (2) Other children.....
      - Adults.....
    - Poor jobs....
      - Low wage.....
      - Ill-treatment in jobs (specify) .....
  - Attitude of husband.....
  - Attitude of parents.....
  - Influence of neighbors.....
  - Influence of friends .....
  - Lack of adequate recreation.....
  - Ill-treatment at home.....
  - Dependency.....

9. Desertion.....  
 10. Love for excitement and adventure.....  
 11. Love for personal adornment .....
- E. By whom induced to present activity.....  
 1. How .....
- F. Factors determining patient's continuation in this activity:  
 1. Income.....  
 2. Hypersexuality.....  
 3. Rejected by:  
   (a) Family group.....  
   (b) Social group.....  
   (c) Community.....  
 4. Influence of procurers.....  
   Other facilitators (specify).....  
 5. Health problem in family (specify).....  
 6. Other factors (specify).....
- G. Place of soliciting:  
 1. Bars ..... 5. Night Clubs.....  
 2. Streets ..... 6. Others (specify) .....
- H. Place of contact:  
 1. House of prostitution..... 7. Streets ..  
 2. Own home..... 8. Taxicabs ..  
 3. Own room..... 9. Open spaces ..  
 4. Hotels ..... 10. Roadhouse ..  
 5. Boarding house..... 11. Others (specify) .....
- I. Customers:  
 1. Contacts mostly with members of the armed forces.....  
 2. Civilians.....  
 3. Both.....
- J. Reaction of patient to her present way of living.....
- VI. *Delinquencies other than prostitution:*  
 A. Alcoholism ..... E. Drug addict.....  
 B. Disorderly conduct..... F. Gambling ..  
 C. Assault and battery..... G. Larceny ..  
 D. Prostitution of minors..... (1) At what age.....
- VII. *Confinement in Jail:*  
 A. At what age.....  
 B. For how long.....  
 C. Reasons .....
- VIII. *Present Life:*  
 A. Living arrangements (explain).....  
 .....  
 B. Economic condition:  
 1. Income from prostitution:  
   a. Earnings last week.....  
     (1) Date of week.....  
   b. Average weekly earning ..  
   c. Minimum weekly earning ..  
 2. Income from other sources (specify sources):  
   Amount ..... Source  
   a. ....  
   b. ....

3. Distribution of last week's income:

  - a. Rent . . . . .
  - b. Food . . . . .
  - c. Clothing . . . . .
  - d. Recreation . . . . .
  - e. Transportation . . . . .
  - f. Contribution to family expenses. . . . .
  - g. Contribution to procurers. . . . .
  - h. Contribution to others (specify) . . . . .
  - i. Savings (specify) . . . . .

#### *IX. Worker's Impressions About Patient's Possibilities for Rehabilitation:*

.....  
(Signature)

.....  
(Date)

**MEMBERS OF THE SOCIAL REHABILITATION SUB-COMMITTEE OF  
THE PUERTO RICO SOCIAL PROTECTION COMMITTEE**

MRS. MARIA PINTADO DE RAHN, *Chairman*

MRS. DOLORES G. DE LA CARO  
MISS CELESTINA ZALDUONDO  
MR. LLOYD LEZOTTE  
MR. CONRAD VAN HYNING  
MR. WINSTON RILEY  
MR. PAUL EDWARDS  
MR. ADRIAN DORNBRUSH

MRS. PETRO A. PAGAN DE COLON  
MISS FELICIDAD CATAL  
MISS SARA RODRIGUEZ CHACON  
MRS. VESTA VESOSKE  
MR. PEDRO SAN MIGUEL  
MR. MANUEL A. PEREZ  
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Territorial Director, Community War  
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## THE SAN FRANCISCO SEPARATE WOMEN'S COURT \*

RICHARD A. KOCH, M.D.

*Chief, Division of Venereal Diseases, San Francisco Department of Public Health*

The San Francisco Separate Women's Court was established in 1943 to provide an adequate and enlightened social facility which could be used as an intake center for women arrested for vagrancy, prostitution, disturbing the peace and related misdemeanors. Establishment was indicated because of the inadequate facilities existing and community awareness as to social responsibility in this regard. Action was achieved by the coordinated efforts of the various official and non-official agencies such as the California Social Hygiene Association, the Division of Social Protection of the Federal Security Agency, the Community Chest, the War Department, the Navy Department, the Mayor's Office, the City Administrator's Office, the Police Department, the Sheriff's Department, the District Attorney's Office, and the Public Health Department. The latter agency acted in the capacity of a coordinator and attempted to organize the program into a workable form.

### *Facilities Existing Prior to Establishment of Court*

Prior to establishment of the Separate Women's Court facilities for handling women arrested for offenses of this kind were, in the large, similar to facilities existing for this purpose in most western communities.

Before advent of the gonococcal culture technique for diagnosis of gonorrhea, female vagrants were held under observational quarantine for 12 to 18 hours during which time gonococcal spreads were prepared and examined and serologic examinations for syphilis were performed. The women were generally arrested during the evening hours and placed in the city prison in a large tank about 30 ft. square. When overcrowding existed, which was the rule rather than the exception, many of these women slept on blankets on the cement floor of this tank. First offenders mingled with habitual offenders and young women were indiscriminately housed with the older group. Subsequently juvenile delinquents were transferred to the juvenile court for disposition.

The examining physician of the health department secured necessary cervical and serologic specimens the morning following the

\* Read before the Third Annual Oregon State Conference on Social Hygiene, February 4, 1944.

alleged vagrant's arrest. The spreads were examined the same morning at the examining clinic of the prison and reports as to existence of gonorrhea were prepared for the jurist within 2 hours of the examination. Usually 15 to 25 women were examined in a period of from one-half to one hour. Serologic examinations were performed in all cases but results of these examinations were not available by the time the alleged vagrant appeared before the jurist.

By 10 or 11 o'clock the morning following their arrest (unless a holiday intervened) these women, in a group, appeared before the jurist. It was customary for him to scan the health department examination reports of the women assembled and to mete out jail sentences to all those found to have gonorrhea. The remainder of the group were dismissed routinely unless the jurist recalled a name or a face that might have appeared before him in the immediate past. In such an eventuality he sometimes offered a word or two of judicial or fatherly advice and perhaps assigned a fine of \$5 to \$25 to the most recalcitrant offender. Under this procedure all those found to have gonorrhea as diagnosed by a positive spread were sent to jail. Those who had a negative spread were dismissed. No effort was made from a social point of view to assist any of these women except those under eighteen years of age who were sent to the juvenile court for disposition.

During the period of this procedure about 75 per cent of the female vagrants could be classified as confirmed prostitutes or street walkers who made their appearance usually at maximum intervals of three months.

With the advent of gonococcic culture technique it became necessary to hold arrested women under observational quarantine for three days rather than overnight. This situation aggravated the problem of housing and heightened the evils of the whole procedure. Our health workers frequently reported the change in social outlook that took place during this observational quarantine period in persons arrested for the first time. On first being questioned by the doctors most seemed willing to discuss their problem and amenable to guidance, but after two or three days in prison environment they seemed to become hardened, revengeful towards society, and unwilling to accept any official assistance, which, as a matter of fact, due to the non-existence of social services, was only to a minute degree available. Most observers thought that one exposure of a woman to this prison environment was enough to place her, in many instances, beyond future social adjustments.

An effort was made to correct judicial inadequacies that had developed under the program at the city prison. Women were being sentenced to jail for having a venereal disease. They were not being sentenced for committing a misdemeanor—prostitution and related offenses. A joint meeting was held with all jurists, both of the municipal court and the superior court, to seek their recognition of this injustice. They agreed that confirmed prostitutes would be given jail sentences whether diseased or not, and that in the future fines

which were in actuality a municipal form of license would no longer be imposed.

When this program was inaugurated it soon became apparent that additional facilities would have to be added to the court structure. Under the old regime many women found guilty gladly paid their fines and returned to their former way of life. Under the new regime these defendants appealed for a writ of *habeas corpus* rather than face jail sentences. The municipal courts in California are not courts of record; consequently the testimony of witnesses was not available and the superior court, without evidence of adequate proof of the offenses charged, was frequently compelled to release the defendant. As a result offenders were again released, their "license fee" this time being legal costs in obtaining the writ of *habeas corpus*. Those who could afford the price could pay for their freedom.

When these prison conditions and the judicial problems involved became known to various members of the community, a unified effort was formulated to provide a more enlightened administration. Various potential sites for a new facility were investigated. It was impossible, under war conditions, to construct such a facility; the only feasible plan was to remodel an existing structure. It was decided to establish a separate court for the judicial determination of these cases in an environment as far removed from conditions existing at the city prison as possible.

The major purpose was to remove the court from the old traditions of the Hall of Justice and from the influence of politics, shyster lawyers, bail bondsmen, and the large court room, which was a gathering place for the morbid-minded and other undesirable elements. To emphasize the medical and social objectives of the new institution and departure from the summary, punitive, and fining procedures of the old system, it was decided to establish the court in the civic center area.

The site chosen was a portion of the health center building formerly used by the psychiatric court. Extensive structural alterations were necessary, such as providing interviewing rooms, space for a medical clinic, and adequate plumbing. A small court room, the judge's chambers, and rooms to house defendants were already in existence. The site chosen was relatively small and provided facilities for only thirty-two women, but it offered in addition to removal from the prison environment and the unhappy precedents of the past, opportunity for segregation, private interview, and office space for all personnel concerned with the operation of this new court. Individualized protective services were the new goals. The court became known as Division 2, Department 10, of the Municipal Court. The entire facility became popularly known as the Separate Women's Court. It was opened on March 17, 1943.

#### *Organization of the Court*

As previously stated, the purposes of the Separate Women's Court were to provide a facility that would contribute to venereal disease

control with an organization that would assure equality before the law of all offenders. It was also planned to provide a humane, decent, and socially progressive method of operation. Under the previous program the jurist spent about half-an-hour hearing the cases of these defendants in a group, while the remainder of his time was spent in the general women's court, mainly concerned with domestic problems. No social workers were available to work with sex offenders and clerical facilities of the health department were inadequate.

The new facility provides in addition to the small court room, the examination clinic, private interviewing rooms for social workers, and office space, sixteen separate rooms, with two beds, a wash basin and lavatory in each room. The premises are supervised by police matrons, but the maximum possible privacy exists.

All women are given individual rooms in so far as they are available and careful segregation is the rule. To provide for the maximum degree of segregation during the observational quarantine period, all meals are served in the individual rooms. Food served is prepared at the San Francisco County Hospital and is of unusually good quality.

Upon apprehension by a member of the police department, a statement of the offense, the previous police history, and other pertinent information is prepared and submitted to the Separate Women's Court. The morning after arrest the patient is examined by a physician of the Division of Venereal Diseases. Following examination the woman appears before the jurist. If, in the opinion of the jurist, enough evidence exists to hear the case, it is postponed for 72 hours in order to provide for social diagnosis, interpretation, and determination of the presence of a venereal disease. If, in the opinion of the jurist, the evidence presented is insufficient, the patient is placed under observational quarantine and held under the quarantine authority of the San Francisco Department of Public Health. If this type of patient is subsequently found to be infected with a venereal disease, she is held under treatment quarantine until non-infectious, according to accepted criteria of cure. If the patient is found guilty by the jurist, disposition of the case is predicated upon previous history of the defendant and mitigating or aggravating circumstances, and may be either a jail sentence or release to probation custody. Treatment of a venereal disease follows as a natural sequence.

The social worker interviews each patient during the quarantine period. An attempt is made to confirm all phases of the history received from the patient, so far as practicable. Home environment is checked by field inquiry and telegraphic communication with properly constituted agencies, and parents or relatives are contacted. Following social inquiry the patient is given an Otis Self Administering Mental Test by the department of public health psychologist and selected cases are given various other special and vocational aptitude tests.

At conclusion of the 72 hour quarantine period the records of the police department, social workers, health department, and psychologist are assembled in the patient's folder and become the permanent record of the court. The social service workers prepare a half page summary of the entire case which is included in the patient's folder for convenience of the jurist and the deputy district attorney. This method of preparing the case offers the jurist the opportunity of quick and intelligent evaluation of social, psychometric, medical, and legal aspects. In addition to this progressive service each case now appears before the jurist individually, and adequate judicial time is devoted to its complete consideration and constructive determination.

One major shortcoming of the previous court arrangement has also been remedied. The Separate Women's Court now has a court reporter who makes a complete transcript of all testimony presented during the hearing. As a result of having these records available, no writ of *habeas corpus* has been granted by the superior bench since the court has been in operation.

The personnel of the Separate Women's Court consists of the following:

1 judge	1 female bailiff
1 doctor	2 culinary workers
1 nurse	1 porter
1 psychologist	1 head matron
1 deputy district attorney	3 matrons
1 court clerk	1 relief matron
1 court reporter	3 probation officers
1 male bailiff	3 clerk stenographers

Cost of physical establishment of the court, including alteration to the premises, equipment, and supplies was approximately \$18,000. Yearly operation cost for salaries is \$56,000, and cost of food and maintenance is \$9,000, a total annual expenditure of \$65,000.

Increased personnel represents an increased annual expenditure for salaries of \$32,000,\* added cost for maintenance is \$3,000, a total annual additional cost of \$35,000.

#### Statistical Analysis

The Separate Women's Court from March 18, 1943, to January 1, 1944, dealt with 859 women. These cases resulted in 970 hearings before the bench, representing a similar number of arrests. Thirty-eight per cent of these arrests were in houses of prostitution, private addresses, or hotel rooms. Eleven per cent of the arrests were in bars and taverns, 24 per cent were street walkers, and in the remainder of cases the place of arrest was not stated.

Judicial disposition of the 970 hearings is of considerable interest. Four hundred twenty-two (44 per cent) were sentenced to the county jail; 178 (18 per cent) were given suspended sentences with pro-

\* 1 psychologist, 1 court clerk, 1 court reporter, 1 male bailiff, 1 head matron, 3 matrons, 3 probation officers, 2 clerk stenographers.

bation; 100 (10 per cent) were given suspended sentences under special conditions; 223 (23 per cent) were dismissed; 36 (4 per cent) were referred to the juvenile court; and the remainder were committed to the psychiatric ward of the county hospital or committed to a state mental hospital.

Some of the dismissed cases were referred to the psychiatric service of the City Venereal Disease Clinic for assistance and guidance. This service is available as a voluntary resource to assist women who are potentially amenable to such guidance and assistance, and is supplied with funds to assist in the furtherance of desired objectives.

Seventeen per cent of the women arrested were under 21 years of age, and 48 per cent were under 25 years. An analysis of the inmates by race shows that 80 per cent were white, 16 per cent were Negro, and 4 per cent were Indian and other races.

In so far as the incidence of venereal disease is concerned 219 (25.5 per cent) were found to be infected. Of all the women examined 56 (6.5 per cent) were found to have syphilis, 159 (18.5 per cent) were found to have gonorrhea, and 18 (2.1 per cent) were found to have lymphopathia venereum.

Classification of the women by the social service department shows that 118 (14 per cent) were prostitutes, 25 (3 per cent) were drug addicts, 314 (37 per cent) were promiscuous, 96 (11 per cent) were alcoholics, and the remainder could not be definitely classified. For the purpose of this classification prostitutes were defined as women who required pay for their sexual act; drug addicts were defined as those who were sexually promiscuous due to the effect of drugs, or who were so in order to procure drugs; alcoholics were defined as those who were routinely sexually promiscuous due to the effects of alcohol, or in order to procure alcohol; and promiscuous women were defined as those who engaged in sexual intercourse without monetary consideration due to a variety of social economic and psychological motivations.

It is important to point out that a status of unemployment did not enter into the problem of sex offenses. Only a negligible percentage of the women were unemployed due to inability to find work. More than 25 per cent of them were either gainfully employed in a legally accepted occupation or had marital status.

Seventy-five per cent of the women placed on probation satisfactorily complied with its conditions. Thirty-four violated probation of which 30 were re-arrested, and 4 were under order for re-arrest. On January 22, 1944, 248 remained on probation to the court.

#### *Comment*

The San Francisco Separate Women's Court represents an important attempt on the part of the municipality to recognize its responsibilities in providing adequate legal, social, and public health

services toward solution of the problems of sexual promiscuity and prostitution. Such an endeavor of necessity requires the cooperation of many departments of the city government operating as a coordinated and cooperative unit. Such coordination and cooperation requires effective liaison relations between the different departments, for if one department should fail in its responsibility or fail to coordinate its activities with the others, the entire operation of such a court may become difficult or it may eventually cease to provide the services it was established to perform. The difficulties in achieving such coordination of activities is increased by the fact that the various contributing departments of such a unit have a wide diversity of social training and professional outlook. The judicial department and the district attorney's office are concerned primarily with the legal responsibilities of the court. The jurist is charged with the responsibility of protecting the legal rights of the defendant as well as protecting the social and public health interests of the community.

The members of the police department must detect and apprehend the offenders and must make a minimum legal case against them which, because of the very nature of the offenses charged, is usually difficult to prove. In addition, the police department must provide for the custodial care of offenders which includes the responsibility for providing adequate facilities for legal consultation of the defendants.

The probation department must provide trained social workers to carry on an adequate social evaluation of the case and a concise presentation of this evaluation to the deputy district attorney and to the jurist. The department of public health must provide adequate medical facilities for the examination and treatment of the cases. These diverse activities and responsibilities indicate the need for a coordinator who can cement the parts into a unified whole. The jurist must liberally interpret the laws under which the court operates; the district attorney's office must maintain a strong protective attitude towards offenders; the police department must be tolerant in its attitude, recognizing the difficulties and shortcomings of existing laws and judicial procedures; the probation department must attempt to gain the confidence of the woman, be just and fair in its case evaluations, and not wholly limit itself to strictly legal requirements in the consideration of a case, rather it should exceed these requirements, in order to offer the woman a constructive program of readjustment and a friendly helping hand.

The department of public health must protect the community from the dissemination of venereal diseases by careful and complete examinations followed, if indicated, by modern treatment; in addition to this, through the mental hygiene facilities available, it should furnish adequate psychometric evaluations to assist the court and the social workers.

Unfortunately, the Separate Women's Court does not have an official coordinator charged with the responsibilities of bringing

together the diversified activities and responsibilities of the court. However, the chief of the Division of Venereal Diseases has acted in this capacity and has been assisted by others who have sought to interpret the court to the community and acquaint the court with available community resources. The fundamental objectives, of course, are to provide a facility for venereal disease control and the redirection of girls and young women who have become involved in prostitution and promiscuity.

The San Francisco Separate Women's Court represents a sincere endeavor on the part of the community to do a constructive job in the control of venereal diseases by establishing a facility to provide for the adequate legal and social disposition of these women who markedly contribute to the dissemination of such diseases. The court is well located in a clean and pleasant environment. The clients are handled in a friendly, humane, and dignified manner in order to permit them to maintain and develop self respect. They are given every assistance possible to find a suitable place in society.

The court has many shortcomings. The quarters are too small to meet the needs of adequate detention. Too much of jail-like environment prevails, giving an impression of punishment rather than assistance. Recreational facilities and occupational therapy are not provided and an adequate number of professionally trained personnel is not available for effective case work and supervision. The greatest drawback of all is that the only place for quarantine treatment is the county jail.

It is most important that adequate treatment facilities be provided in an atmosphere which will permit individualization of the patient by providing facilities for segregation, recreation, training opportunities, instruction, occupational therapy, and placement. Such facilities should be provided in a treatment center apart from jails, hospitals, or correctional institutions where a complete social and public health job can be accomplished.

In this important matter the Pacific Northwest has shown the way by the establishment (assisted by Federal funds) of two intensive treatment centers. One is established as a municipal facility in Seattle, Washington, and the other is a State facility located at Grand Mound, Washington. Both of these centers offer excellent medical, psychiatric, and social directive services maintained by a well-organized and professionally trained staff. Plans are under way to establish a similar facility in Northern California. No venereal disease control program is completely effective without such a facility. In my judgment it is just as essential to offer readjustment services to venereally infected young women as it is to diagnose and treat their diseases. From the public health standpoint it is as important to take steps to avoid reinfection as it is to cure the first infection.

## REHABILITATION IN ACTION \*

A SOCIAL HYGIENE SOCIETY COOPERATES WITH A RAPID TREATMENT CENTER  
IN AIDING VENEREAL DISEASE PATIENTS

LUCIA MURCHISON

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Although steady progress has been made through the years in efforts to deal with problems arising out of sex delinquency, the spotlight of war has revealed alarming deficiencies in both public and private activities designed to solve these problems. Gratifying advances especially were made in the fight against syphilis and gonorrhea during the years just previous to the war, but early in the nation's mobilization, as young men began to pour into the Army training camps and Naval bases, and the military medical officers increased venereal disease control efforts within the reservation, public health authorities realized that expanding programs and facilities in the states and communities must be still further augmented and speeded up to meet the growing needs. In some communities near large camps or war industries facilities for medical treatment and detention of infected civilians were practically non-existent, or extremely limited. At best, such facilities were quite inadequate to cope with the many-times-multiplied social hygiene problems which follow in the wake of war.

Before war was declared, while the country was still building its national defense program, a unified plan had been laid down and a joint program begun to correct this situation, under the "Eight Point Agreement"<sup>1</sup> between the War and Navy Departments, the Federal Security Agency (on behalf of the U. S. Public Health Service) and the State Health Departments.

In furtherance of this Joint Agreement, as a logical development in the campaign against syphilis and gonorrhea and as "a direct and realistic effort to combat a definite wartime threat to our national

\* This paper was prepared as a basis for discussion at a meeting arranged by the Special Committee on Social Hygiene, National Conference of Social Work, Cleveland, May 22, 1944.

<sup>1</sup> An Agreement . . . on Measures for the Control of the Venereal Diseases in Areas Where Armed Forces or National Defense Employees are Concentrated, adopted in May, 1940. For text see *Social Hygiene Yearbook, 1942*. ASHA Pub. No. A-438.

strength," early in 1942, the establishment and operation of hospital facilities was begun in areas where they were lacking.<sup>2</sup>

In addition to the increased facilities thus provided, these hospitals were also planned to serve as bases for application of the newer techniques in treatment of venereal diseases. With Federal funds made available through the Lanham Act and the Federal Works Agency, with consultation service and specially trained physicians, nurses and technical personnel provided by the United States Public Health Service, forty or more of these hospitals have been set up so far in various parts of the country. The Rapid Treatment Centers, as they are known, are usually located in buildings provided by the state or local health department, or other official agency. Cooperating with the other agencies concerned, is the Division of Social Protection, Federal Security Agency, which works particularly from the angle of social treatment and redirection of infected women and girls who are brought under observation.

Under the Joint Agreement, the aid of the American Social Hygiene Association, as the national voluntary agency, and that of the state and community social hygiene societies, was requested. The present article undertakes to give an account of the activities of one society's special committee set up to work with the Rapid Treatment Center operated by the Health Department of the District of Columbia at Gallinger Hospital.

The Committee, officially known as the Rehabilitation Committee of the District of Columbia Social Hygiene Society, was organized in June, 1943 in preparation for the opening of the Gallinger Center in July. The District of Columbia Social Hygiene Society throughout its 26 years of work has always maintained a committee on social protection as a vital part of the broad social hygiene program. The primary purpose of the present Committee, which was an outgrowth of the Metropolitan Civilian Defense Committee on Social Protection and Venereal Disease Control, was to aid the administration of the Rapid Treatment Center in providing social therapy for the patients to supplement the medical treatment. The Health Officer of the District of Columbia assured the Social Hygiene Society that the help of such a committee would be welcomed by the members of his staff charged with responsibility for conduct of the Rapid Treatment Center.

With this rather definite assignment the first important thing to be done was to select the Committee's membership. To insure a well rounded representation, the following persons were invited to serve:

Secretary of the Family and Children's Division, Council of Social Agencies.

Director of the Family Service Association.

<sup>2</sup> For further information on the establishment of Rapid Treatment Centers, see *Social Hygiene Year Book 1942*, Appendix 1, and *VD War Letter*, March 1943.

Assistant Director of Catholic Charities.

Assistant Director, Public Assistance Division, Board of Public Welfare.

Director of the Women's Bureau, Metropolitan Police.

Executive Secretary, Travelers Aid Society.

Supervisor of the Protective Service for Children, Board of Public Welfare.

Director of Social Service, Juvenile Court.

Director of the Welfare Department, Washington Federation of Churches.

Case Supervisor, Jewish Social Service.

Director of the U. S. Employment Service, District of Columbia.

Representative of the Regional Office, Social Protection Division, Community War Services.

Superintendent of the Women's Division, Work House of the District of Columbia.

**Ex-officio members are:**

Director of the Bureau of Venereal Diseases, D. C. Health Department.

Medical Social Work Supervisor, Bureau of Venereal Disease, D. C. Health Department.

Executive Secretary, D. C. Social Hygiene Society.

The Center opened on July 12, 1943, and the Committee began its work. The members approached their task with open minds, realizing that much needed to be done in this field, as social therapy has not kept pace with the speedy progress of medical treatment. It was thought, before the Committee could define its job, that a thorough orientation of the purpose and functions of the Rapid Treatment Center was necessary. This orientation was given by the Director of the Bureau of Venereal Disease of the D. C. Health Department, ex-officio committee member, and the first two meetings were given over to discussion of medical aspects.<sup>3</sup>

Among the facts brought out were:

Pending the completion of an additional 50-bed hospital wing made possible through Lanham Act Funds, the Center, with 50 beds, is located in a renovated building on the grounds of the Municipal Hospital. It is expected, however, eventually to utilize both buildings, making 100 beds available.<sup>4</sup> The personnel consists of a medical officer in charge, nurses, a public health nurse and a placement officer who is a social worker. The Center provides various forms of treatment for syphilis with special emphasis on the five-day treatment for those patients who are physically able to take this type of therapy. The experience indicates 30 to 50 per cent of the patients

<sup>3</sup> The Committee has had the privilege of having recent meetings at the Center where patients could be observed taking treatment.

<sup>4</sup> (The second 50-bed wing was completed and put into service in October, 1943.)

admitted are able to do so.<sup>5</sup> All planning for these patients should be based upon rapidity and decisiveness. The schedule of study, treatment and disposition of patients in the Center must be geared so that it is completed within ten days. Before a plan of treatment is decided on, the patient will receive a three-day work-up to determine the form of treatment most suitable. During this time, social evaluation will also be started. The ten-day period of stay will be assigned as follows: three days for observation, five days for the intravenous injections, ninth day spinal puncture, with patient discharge on tenth day. Records show that this treatment produces at least 85 per cent "cures." The schedule is strenuous and, while the Center has the authority to isolate the patient, it cannot force treatment. Treatment of the type advisable is explained to the patient with the hope that he will submit to whatever course seems best for him. Patients must give written consent before treatment is started. The mortality rate for the five-day treatment is about one in 300.

The Center will also treat gonorrhea with sulfa drugs and the newer penicillin when necessary, if it can be obtained. It is expected that this drug will also be made available later for the treatment of syphilis.

Admission to the Center is through the Bureau of Venereal Disease of the Health Department and patient-sources are the Women's Bureau of the Police Department, venereal disease clinics, voluntary admissions, private physicians and the isolation of those individuals who are known to be promiscuous. Since the present object of the Center is to halt the spread of disease by treating as many infectious persons as possible as rapidly as may be, only patients in the early active stages can be accepted. Residence or financial need of the patient are not considered as criteria of admission.

As this is written, patients treated at the Gallinger Center number over 800, and on the ten-day schedule the turnover naturally has been great. However, realizing that the Center's responsibility does not stop with the completion of medical treatment, the placement officer has attempted to conduct admission interviews to screen if possible the types of social problems.

These interviews show that many patients do not want help of any kind, many are already known to social agencies, many want help but are not good material for rehabilitation purposes. Consistently the population of the Center has been composed of the younger age group,—the early teens to twenty-five years. Because of the limited psychological service available, routine psychometrics cannot be given. However, the few that have been tested reveal I. Q.'s ranging from 50 to 70. The professional staff at the hospital believe that approxi-

<sup>5</sup> For patients unable to pursue the five-day treatment course, other methods, including the standard long-time treatment, are adopted. The latter patients of course do not require hospitalization, are usually ambulatory and so can be treated through the regular clinics and out-patient dispensaries, and the social therapy can use the routine slower technics.

mately half of the group of 800 that has been treated, are of low grade mentality.

The placement officer early was faced with the problem of obtaining emergency relief for the group of patients who have no resources and no place to go upon discharge. Then there is the group of patients who are employable, but need shelter and some new clothing to tide them over until the first pay is received. Still another group of patients includes the young boys and girls admitted with infectious primary syphilis, who need supervision and protective services. For the most part the history of these adolescents reveals that they are a mentally dull group. The unmarried mother presents a problem in that many do not want to accept institutional care but want to place their babies so that they can return to work. The non-resident who is unwilling to return to his own community also presents the need of emergency relief and service.

How to make a plan that would assure the patient upon discharge that his immediate problem would be met was a challenging experience for the placement officer. When this work was started the intake policies of the social agencies, both public and private, were not flexible enough to accept referrals from the Center without first having the patient interviewed by their own intake worker. The Center has sometimes held beds for patients so that they might go to the agency for the intake interview. It was also found that emergency relief from the Public Welfare Department was not available sooner than approximately three weeks following hospital discharge due to legal restrictions based on the establishment of need and residence.

The Committee soon realized that, if the social agencies were to be of assistance to the patients discharged from the Center, the intake policies would have to be stepped up to keep pace with the speed of the medical program. Also it was evident that the social agencies in the community have the ultimate responsibility in this problem. The question of referrals was discussed in the whole committee but it was felt that a smaller group, representing the private case-working agencies, public welfare and children's protective services should get together and work out ways and means of meeting this problem. The secretary of the Family and Child Welfare Division of the Council of Social Agencies was asked to call the group together. The problem was presented to the Steering Committee of the Family and Children's Division of the Council of Social Agencies, which approved the study of the problem and requested the secretary to assemble the group. Several meetings were held by this sub-committee, and from these meetings the agencies have developed a better understanding of the Center's problems and the intake of the agencies has become more flexible, as evidenced by such facts as: the Travelers Aid Society will now accept referrals by telephone and give emergency assistance pending investigation; the Catholic Charities and Jewish Social Service will send a worker to the Center to interview the patient; the

Family Service Association has been accepting referrals by telephone and if financial assistance is needed, the patient upon discharge is seen immediately at the agency and assistance given.

Due to legal limitations, the Public Assistance Division of the Board of Public Welfare cannot give emergency assistance; therefore, the Committee has recommended that the Center placement officer be given a petty cash fund to be used pending investigation by the Division or in other emergency situations.

The Committee's work soon showed that the two big needs of patients were for emergency relief on discharges and protective services for the adolescent dull-minded group. The Committee, meeting with the placement officer at the Center, was most helpful in working out referral procedures and the procedures for handling cases active with an agency. It was suggested that the following kinds of information would be important and necessary for the agency to have:

1. Patient's reaction to treatment and his feeling about his illness.
2. The need of follow-up at the Clinic and the intervals at which it should occur (these intervals will usually be one month).
3. The need for examination of other members of the family.
4. The limitations as to the type of work the patient can perform.
5. Social and financial information pertinent to eligibility.
6. The possibility of emotional and physical handicaps growing out of the disease such as sterility or mental illness.

The Committee agreed, for the time being, on this type of information with the thought that as the Center and the agencies had experience in working together, further procedures could be worked out.

It may be of interest to know that among 168 cases admitted in April, 1944, the placement officer was able to be of service to 139 patients. The following statistical report gives a break down of some of the services given:

Number of cases carried over from March.....	21
Number of new patients interviewed.....	118
 Total number of cases.....	139
Number of psychometric tests.....	7
Number of cases carried cooperatively with other agencies.....	51
Referrals to other agencies.....	9
Field visits .....	3
Collateral visit with relatives.....	23
Referred to United States Employment Service.....	33
Authorization to return to home community.....	1

At the first meeting of the Committee, the Director of the U. S. Employment Service of the District of Columbia stated that it would be possible for members of the staff of the D. C. Employment Center

to hold interviews in the Rapid Treatment Center before the discharge of patients. He estimated that throughout the country between 25 and 40 thousand in this group would be an additional source of labor supply, which can be diverted into productive channels of employment. The most important factor for the Employment Center is, of course, expressed in terms of physical capacity of the patient for work. This practice of interviewing patients at the Center has been most helpful.

The Committee representative from the Federation of Churches pointed out that religion often played a great part in rehabilitation and suggested that the chaplain assigned to the Municipal Hospital be urged to work out a program for the Center. The Committee welcomed this suggestion and requested that the chaplain be asked to conduct a religious program.

In spite of the fine adjustment that most patients were found to be making to the hospital routine, the placement officer and the medical officer in charge believed there was a real need for a recreation program, and recreation rooms in which to carry on the activities. Unfortunately public money was not available for recreation personnel or program. The executive secretary of the Social Hygiene Society suggested that certain city clubs might be interested to equip and decorate a recreation room and offered to investigate the matter. Many practical suggestions were received. It is gratifying to report that two rooms (one in the women's dormitory and one in the men's) have been attractively re-decorated, the necessary money being furnished by the Social Hygiene Society from a special fund, and suitably furnished and equipped. Pictures were donated by the Director of Children's Division of the Public Library. The Hotel Lafayette collects used but current magazines and arrangements have been made for regular delivery to the Center. The Variety Club of Washington has given a radio and is supplying games of all kinds. The Council of Church Women have made a donation to purchase material for a sewing project. A sewing machine was loaned by the Women's Division of the Work House. The Public Library contributed a fine collection of children's books, through the Strong Memorial Fund for handicapped children, and plans to make a donation of adult books from their used collection.

As the project grows, it demonstrates more clearly than ever that effective rehabilitation is dependent upon the cooperation of everyone in the community and that the opportunity for service is limitless.

The Committee plans to work out procedures for follow-up of the patients referred to the social agencies and the U. S. Employment Service. It is hoped that an institute can be given soon for case workers of the agencies actively working with the problem.

The Committee is convinced that the problem requires an all-community approach with especially active participation by agencies offering welfare and protective services. The members realize that their work has only begun; but results to date convince them that they have evolved a practical pattern for correlating medical and social therapy and helping to restore sick and mistaken human beings to useful places in the social order.

. . . "Supervision after discharge is one of the most vital parts of the whole institutional program, particularly for the type of offender who, in addition to being a law violator, has also been a social outcast. The social worker responsible for guiding this offender back to a new life must be able to deal with her feeling of insecurity, her difficulty in evading old haunts and companions, the lure of easy money, and her difficulty in forming new relationships. Frequently there is so much rejection by the family group that other living arrangements are essential. There are the questions of a job, of clothes, of recreation and a social life to be faced. More fundamental, however, than all of these, is the relationship between the after-care worker and her client. Understanding and acceptance of the woman's problem, insight, patience, courage and resourcefulness—and I would like to repeat and emphasize—courage and resourcefulness in dealing with it, will go far toward rebuilding and redirecting the offender's life pattern. . . ."

From *Rehabilitation of the Female Sex Offender*, a paper given at the New York Social Hygiene Conference, February 2, 1944, by MARIE DUFFIN, Social Protection Division, Federal Security Agency.

## WHO ARE THE JUVENILE DELINQUENTS? \*

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At practically every stage in the world's history the older generation has been much concerned over the conduct of the younger generation, and has felt that the oncoming youth were headed directly for perdition. It is well to remind ourselves of this fact in order to maintain a certain amount of perspective when, as at present, we hear that there exists an "alarming" increase in juvenile delinquency. Is there a juvenile crime wave? Probably not. There seems little doubt from the statistics that there has been during the past two years a substantial increase in the number of offenses committed by juveniles, at least in certain age groups. A certain amount of caution has to be exercised, however, in interpreting these statistics. Delinquency is a term which covers a large variety of types of anti-social behavior, types which vary substantially in severity, just as in the case of adults, murder and violation of the automobile laws are technically both crimes, although of considerably different social significance. The types of offense which seem to have shown the largest increases in general are particularly sex delinquency among girls, truancy, running away from home, and larceny of the more aggressive type.

The reasons for these increases in offenses are variously enumerated, depending upon the primary interest of the enumerators. The social worker is inclined to blame broken homes and decreased supervision; the recreation worker lack of recreational facilities; the housing expert explains the situation in terms of housing; the clergyman in terms of lessened influence of the church; the educator as a problem of curriculum. Various groups have made studies and are now so engaged, but in these groups one is very likely to find one type of expert overlooked, namely, the psychiatrist. It is as a psychiatrist that I appear before you, and perhaps I may be pardoned if I say a few words concerning the interest of the psychiatrist, not only in delinquent behavior, but in behavior of all sorts. The psychiatrist is a physician who, perhaps more than in any other specialty, looks upon the individual as a whole. To him the child or the adult is an individual with certain wants, needs, and instincts, faced with various situations, frustrating or facilitating, and exhibiting his ability, or lack of it, to deal with stresses and adjust himself to varying situations in various ways. He is concerned, in other words, with the forces operating upon the individual, whether these be social or economic or religious, and at the same time he is interested in the person *upon whom* these influences are at work. He does not hold

\* Address before Social Hygiene Society, Washington, D. C., February 1, 1944.

the whole answer, but neither does the clergyman, nor the recreationist, nor the social worker. The problems of delinquency need to be dealt with by all of these groups working together and supplementing each other's skills and approaches.

To psychiatrists everyone is possessed of certain drives, needs, instincts, or whatever we wish to call the driving forces. The infant has no conscience but soon learns that certain practices and abstinences are expected of him. His conscience, in other words, is acquired from the social situation in which he is brought up. His capacity for learning may be great or slight. In one instance we speak of him as being bright or intelligent and in the other case as stupid or moronic. As life becomes more complicated, as it does for all persons as they grow older, he is called upon to adjust himself to more and more difficult situations and the possibilities of adjustment become greater and greater. The normal type of adjustment brings the greatest emotional gratification and at the same time conforms to the requirements of the community. Instead, however, of a normal means of emotional gratification we may find a neurotic one, a perverse one, or a delinquent one. The gratification of needs is the principal drive in any behavior.

With the advent of adolescence, aggressiveness becomes considerably more marked, as does the sex drive. If the child feels that he is wanted at home, if the atmosphere of the home is one of calm and affection, the child will feel reasonably secure and there will be less call for aggressive behavior for the purpose of attracting attention. Much of the behavior of adults, whether delinquent or otherwise, stems from their early years in the home and the attitude of the parents toward them. In a very real sense juvenile delinquency is an outgrowth of disharmony and insecurity in the home situation.

With the development of aggressive drives and the new attitude toward the opposite sex which come about as a result of adolescence, problems of adjustment become considerably more difficult. It is not strange, therefore, that we find evidence that maladjustment is more frequent in those of lower intelligence. There are figures which indicate that in Bristol, England, for example, the increase in juvenile delinquency in 1942 as compared with 1941 was a sixfold one among the dull and borderline, whereas there was actually a reduction of nearly one-fourth among the children of average intelligence. These problems of adjustment are magnified considerably by war conditions; we may consider, then, what some of these conditions are and to what extent the community must bear its responsibility for the child's shortcomings.

One of the significant war factors is one of those which is relatively intangible, namely, the accentuation of the instinctive drives, particularly those of sex and aggression. A nation which does not have a spirit of aggressiveness cannot wage successful war, and this atmosphere must pervade the entire community, civilian and military alike.

Aggressiveness is a normal part of the make-up of every individual; in time of war it should be directed outwardly against the enemy. It is no accident that the suicide rate falls considerably during wartime; aggression is turned on one's self more in times of peace than of war. At the same time there is a considerable amount of insecurity. It is recognized that many will be killed or maimed and there is a feeling that perhaps it is better to seize what is present than to wait for what is hoped for but may never come. It is not at all improbable that the large number of early and rather hurried marriages, as they would be considered in normal times, are manifestations of this feeling of present insecurity and even of some doubts as to the nature of the society which will survive the war. In wartime life is lived at a higher pitch. The glory is greater, the grief is greater, too. Tensions are accentuated; it is therefore particularly important that suitable outlets be found in such a time.

The development of competitive sports in the schools should probably be encouraged, but emphasis should be laid upon the importance of holding to the rules of the game. This is a valuable antidote toward the tendency of a wartime society to lower standards and relax the rules. In many families the tension is increased, particularly when the decision has to be made as to whether the father will enter the armed service or stay in civilian life, whether the mother will take up work, or what will be done. All too often these matters are under discussion and consideration without the children's being consulted or told what is going on. The children feel this tension, realize that something which may threaten their security is being considered, and not infrequently may react with some form of aggressive behavior, such as shoplifting. Many parents fail to realize that children sense contemplated changes and that they should be kept advised as to what is being considered. All too often it is forgotten that children are people.

Another point of value to children and adults in these times is the feeling that one is participating in the activity of the group, especially in activity related to the war. The various civilian defense projects were of great use in this respect, and such things as scrap paper collections make children feel that they are playing a part (as they really are) in the common defense.

Many homes are broken by the war; broken, that is, in the sense that the father or older brother, or both, are away in military service. The women's services have been wise in not permitting women with young dependents to enter them. This rule tends to keep the home together at a crucial time in the child's life. Even now it is quite possible that from the point of view of the maintenance of the home, there is more employment of women than there should be. There are all too many children who hardly see their parents from one end of the week to the other. Both may be working, leaving home early in the morning and perhaps not coming back until long after the child is home from school. Supervision is necessary for adolescent children, and this cannot always safely be entrusted to the public schools, valuable as those organizations are.

I am one of those who is old fashioned enough to think that the home is a useful institution, and to lament the fact that too many persons shunt on to the public schools, and on to other social organizations, responsibilities which they, themselves, should assume. Such persons are likely to be the first to criticize and to say that the schools and other organizations are "falling down" on the job. Projection of this sort is quite necessary sometimes to preserve one's own self-respect and those who complain the most loudly are often the most to blame.

A great deal of the sex delinquency of adolescent girls is to be laid directly at the door of faulty supervision on the part of parents. There are many well-organized activities going on for the benefit of service men and it would be far preferable if some of these young girls should be allowed to serve as hostesses at some of these well-operated affairs for service men rather than that they should be loitering about in dark corners unsupervised, as is, to a considerable extent, the case. It should always be borne in mind in discussing this matter of sex delinquency among adolescent girls that a very considerable influx of rather young and entirely unattached women has occurred as a result of the expansion of some of the Government departments, and the increased private employment opportunities in the glamorous capital of the nation. There is some doubt, from the statistical point of view, whether the increase in known sex delinquency among girls is substantially greater in proportion to that particular age group in the general population than is the case in peacetime. Certainly there is every reason to think that from the recent development of the venereal disease program in the city the venereal rate is actually less than was the case two or three years ago! This is not said in defense and certainly should not be taken as an excuse for relaxing any of the activities, but rather as a reason for seeking to accomplish still more along the same line.

In Washington, as probably in every city, there are advantages and disadvantages, some of them peculiar to this area. Notable on the debit side is the large number of persons in the city who look on themselves not as bona fide citizens of the District of Columbia, but as citizens of one State or another temporarily living in Washington. This rootlessness and the rather substantial turnover of population inevitably have a deleterious effect upon the civic spirit, as witness the difficulty in achieving the quota of the Community War Fund. Among the younger group of Government employees, however, the situation has shown improvement as compared with a year ago; the turnover is less and the provision of recreational facilities has been very gratifyingly developed. Our Police Department is well oriented toward the preventive aspects of their duty. The development of the Police Boys' Clubs, for example, is an extraordinary thing which reflects great credit upon the Police Department. The same may be said of the Women's Bureau and its very active protective measures. Our Juvenile Court has recently been provided with a psychiatric clinic which adds substantially to its ability to separate the treatable from

the nontreatable who come before that court. There are those of us who hope that the school system may be likewise provided with psychiatric facilities before too long a time has elapsed. There are numerous settlement houses, parks and playgrounds, most of which could well use more funds. These are times in which the provision of additional personnel is difficult. Trained people are needed in the Services, and in the Red Cross, and to fill vacancies as they occur is difficult enough even without trying to obtain new positions. In wartime, however, above all other times, so-called economies in the field of protective services and welfare services, in relief, in the provision of nursery schools, and in the various other public functions which contribute to the supervision, development and the training of children, turn out to be an expensive luxury for the future welfare of the children.

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. . . What is it like to be a girl of thirteen or sixteen or a young woman of eighteen in this war year of 1944? It seems doubtful that we who are charged with some responsibility to teach, protect, correct or rehabilitate really can "understand" the adolescent girl of 1944. . . . There has been so much talk about a relatively small minority of girls that it appears as if all girls and young women had thrown overboard all of the restraints and self-disciplines which our present cultural patterns have set up as constituting acceptable conduct. Actually, we know that the promiscuous girls, the runaways, indeed the whole group that is characterized as "victory girls", "bobby-sock girls", etcetera, represent but a handful out of our nearly ten million girls between thirteen and twenty, the majority of whom are carrying on their school work and family life in constructive fashion. There are, however, certain problems common to girls in those years between thirteen and twenty which become intensified in their effect on the small minority with whom we as adults have some responsibility for guiding, protecting, and even correcting against their wills. Only as we comprehend the effect of modern civilization on the attitudes of the whole group of girls can we begin to see the infinitely difficult and painful problems of the smaller group. . . . In the face of these new aspects . . . it seems essential that all governmental and voluntary agencies sit down around a table, admit their ignorance of many factors and pool, in all humility, such wisdom and resources as they can. This to the one end that each young woman who strays off on the alluring path of adventure, from whatever motivation, shall be given a chance to find a more satisfying mode of life.

From *Girlhood 1944*, an article by MARGUERITE MARSH,  
Associate Director, Contributors Information Bureau,  
Welfare Council, New York City.

## EDITORIAL

### "THIS WAY OUT . . . ?"

Of the social hygiene problems which war throws into sharp focus, none is more frequently encountered nor more difficult of solution than those which concern the woman sex offender. Always a potential carrier of venereal disease, and a symbol of society's failure to protect her and the community where she dwells, in wartime she is an actual hindrance to victory. She takes up the time of the courts and crowds the jails. She often recruits to her trade others who might be grinding gears, filling shells or otherwise contributing to war needs, and most of these are young girls—and boys. More often than not she is infected with syphilis or gonorrhea, or both, and so she spreads disease and keeps service men and industrial workers out of the ranks. For her healing must be made available the time of nurses, doctors and clinic workers, drugs, instruments and hospital beds which might be used to advantage otherwise. The same is true of those to whom she passes on her infection. In short, her activities may definitely be classed as sabotage. And in wartime there are so very many of her!

War has high-lighted these facts, and one more stands out clearly: It is of little use to spend money and time to round up these victims of an ancient evil, nor to rid them of their syphilis and gonorrhea, unless at the same time an effort is made to get rid also of the underlying conditions responsible for their plight, and to help them back to individual normalcy. The "revolving door system," as it has been called—arrest—conviction—jail sentence—treatment if infected—release—leads only to further misdemeanors, arrest again, and the same procedure over and over, with no permanent gains. The new "rapid treatments" which constitute such a boon to suffering mankind, unless they are balanced with adequate retraining and rehabilitation towards decent employment and ways of life, only make it possible for the revolving door to whirl faster.

Splendid progress has been made during the past three years in community action against the increased menace of wartime commercialized prostitution. The Federal Security Agency's Division of Social Protection reports over 650 towns and cities which have instituted effective law enforcement against this racket. The campaign against clandestine or "free-lance" prostitution—a chief source of venereal infection among the armed forces—is also making progress.

On the preventive side, home-towns have become aroused over conditions which lead to sex delinquency, and are providing better recreation and other safeguards for young people. But we have hardly made a beginning in the present war period on the job of salvaging those who come to harm when these safeguards break down or are not set up soon enough for early protection. More intensive study, more widespread effort, and more trained workers are needed. Especially is needed more thorough public understanding of the problem and what can be done about it. Citizen opinion seems to range all the way from an over-sentimental attitude that the woman or girl who becomes involved in prostitution is "more to be pitied than censured" to the hard-boiled view that she is a criminal, to be punished as the penal code provides. In either case, many seem to believe that nothing much can be done to restore or retrain her.

The truth, of course, is somewhere in between these extremes, and must be gauged largely by the individual situation. While a general program can be laid out for all, human salvage in this field does not proceed successfully by assembly line methods. It is a person-by-person job—genuine casework of the most delicate and painstaking kind, whether in the court, the medical center or the community. And success depends much, as in other endeavors for human health and welfare, on how well public understanding and cooperation backs up the effort of the trained workers with funds and facilities as needed.

The studies, methods and projects reported in this number of the JOURNAL are examples of the ways in which some American communities are undertaking solution of these salvage problems in the present difficult days. Neither the situations described nor the remedies proposed are unique or new. But, with many similar efforts in other localities, they indicate encouragingly that there is, as Jane Addams once said "a new conscience" about these matters, and a disposition to follow up with action where that conscience leads.

As the articles testify, some who infringe on the moral and civil law deliberately choose to continue in the same way when released from custody. Others must be constantly guided and protected if they are to keep out of trouble, and frequently fail. But a considerable number, if given a chance, are both willing to make a new start, and capable of attempting it. For these especially, the community should see that the road back to right living is free from obstacles or barriers, and that the signs read plainly "this way out . . ."

## NATIONAL EVENTS

REBA RAYBURN

*Washington Liaison Office, American Social Hygiene Association*

**National Conference of Social Work at Cleveland.**—The National Conference of Social Work which in 1943 assembled through a series of regional meetings, due to wartime transportation limitations, resumed its schedule of holding a national meeting in 1944, at Cleveland, May 21-27. Sessions of particular interest to social hygiene workers were listed among the regular events, and the American Social Hygiene Association, as an associate group prepared a special program. The ASHA meeting occurred on May 25 at 8:00 P.M. in the assembly room of the Hotel Hollenden and was open to members of the Conference and interested friends of social hygiene in the community. A large group of national, state, and Cleveland agencies joined in sponsorship. The program was as follows:

*Subject: New Contributions of Powerful Allies to Social Hygiene.*

*Presiding: MRS. STANLEE T. BATES, Chairman, Social Protection Committee, Welfare Federation of Cleveland.*

*Speakers: Labor and Management Join in a Notable Demonstration Program for the Defeat of Venereal Diseases—PERCY SHOSTAC, ASHA Consultant on Industrial Cooperation.*

*Pharmacy Mobilized Against VD—Ivor GRIFFITH, Phar.D., Sc.D., President, Philadelphia College of Pharmacy.*

*Negro Groups Expand Their Participation in the Fight Against the Venereal Diseases—PAUL B. CORNELY, M.D., Head of Department of Bacteriology, Preventive Medicine and Public Health, Howard University.*

One of the Special Committees planning regular sessions of the 71st Annual Meeting of the National Conference of Social Work was the Committee on Social Hygiene, of which Ray H. Everett, Executive Secretary of the District of Columbia Social Hygiene Society, is chairman. The Committee scheduled the following programs for two meetings, on *Social Hygiene and Social Protection*:

May 22, 11 A.M.

*Sex Delinquency as a Social Hazard—ELIOT NESS, Director, Division of Social Protection, Federal Security Agency.*

*Purposes and Methods of Individual Treatment—KATHARINE F. LENROOT, Chief, Children's Bureau, U. S. Department of Labor.*

*Discussion Leader—LUCIA MURCHISON, Navy Relief Society. (See page 296.)*

May 23, 11 A.M.

*Policewomen's Part in Social Protection—ELEANORE HUTZEL, Chief, Women's Division, Department of Police, Detroit.*

*Social Worker—What Are You Doing about Better Laws and Law Enforcement?*—BASCOM JOHNSON, ASHA Field Representative and Associate Director.

*Discussion Leader—HENRIETTA ADDITON*, Superintendent, Westfield State Farm for Women, New York.

The Association sponsored a consultation and exhibit booth in the Exhibit Hall of the Public Auditorium. Consultants were in attendance daily from 9-10 A.M. and from 1-2 P.M. throughout the period of the conference.

**Penicillin Made Available for Civilian Use.**—The War Production Board announced early in May that a limited distribution of penicillin for civilian use would be initiated through the use of 1,000 hospitals all over the country which have been selected to serve as depots for the distribution. An Office of Civilian Penicillin Distribution has been established in Chicago with Dr. John N. McDonnell as director. The depot hospitals, selected by an advisory panel including representatives from the WPB, U. S. Public Health Service, and the American Medical Association, will be expected to recognize requests of other hospitals and to furnish penicillin for their purchase according to the need and the available supply. First shipments of penicillin under this plan were expected to be received by some of the hospitals by May 10.

Meanwhile the study of penicillin in relation to control of syphilis and gonorrhea continues, with results which indicate that this drug may prove the most potent agent yet developed toward eradication of these infections.

**Caribbean Commission Makes Recommendations for Unified VD Control Program.**—At a West Indian Conference held at Bridgetown, Barbados, March 20-31, the Anglo-American Caribbean Commission's Subcommittee appointed to consider Health Protection and Quarantine made a report and recommendations for venereal disease control in the Caribbean countries which mark another advance in efforts toward a unified campaign against syphilis and gonorrhea in this important area.\*

Appearing as *Section C* of the Subcommittee's full report, the statement and recommendations read as follows:

*"C. Venereal Disease Control."*

16. We consider that Venereal Disease Control is an urgent necessity in the Caribbean area and that the various territories which have not yet done so should proceed to institute Venereal Disease control programmes which should

\* See JOURNAL OF SOCIAL HYGIENE, October, 1943, page 453, for report and recommendations of a Joint Meeting of the Commission with the Interdepartmental Venereal Disease Committee, June 28-30, 1943. Following this meeting a statement of U. S. Government Policy with reference to Venereal Disease Control in the Caribbean Area was issued by the Committee, and subscribed to by the Secretaries of War and Navy, the Federal Security Administrator, by the Surgeons General of Army, Navy and Public Health Service, the Director of Community War Services, and by the officers and representatives of these agencies having charge of Caribbean activities.

include propaganda and education for the prevention and early treatment of venereal diseases.

17. It is felt that, in preparation for the starting of these programmes, the various territories should proceed with

(a) the securing and training of personnel under the following headings:

1. Medical officers.
2. Nurses—male and female.
3. Laboratory technicians.
4. Case workers.
5. Educational officers.
6. Record and statistical clerical staff.

(b) the provision of adequate accommodation, equipment and drugs.

18. We note that the Trinidad Venereal Disease Control programme is about to be started jointly by the United States and Trinidad Governments and that arrangements have been made to provide special facilities for the training of the above mentioned personnel from all parts of the area.

19. We urge that the various territories should proceed with the selection of candidates for this training as soon as possible in order that their respective programmes may be started without unnecessary delay.

20. We also recommend that, as far as possible, in all local programmes there should be adopted uniformity of methods of diagnosis and treatment; of laboratory methods; of record keeping; and of legislation.

21. We further recommend that there should be periodic meetings of the Venereal Disease Control Officers of the various areas for exchange of ideas and information.

**National Health Council Elects Officers.**—The election of Mrs. Eleanor Brown Merrill, Executive Director of the National Society for the Prevention of Blindness, as President of the National Health Council for 1944 was recently announced. Mrs. Merrill succeeds Dr. George S. Stevenson, Medical Director of the National Committee for Mental Hygiene. The council, with headquarters at 1790 Broadway, New York, is a clearing house for twenty voluntary health organizations, including the American Social Hygiene Association. Other officers for 1944 are:

Vice-President, Dr. Walter Clarke, Executive Director, American Social Hygiene Association, who succeeds Dr. Kendall Emerson, Managing Director, National Tuberculosis Association; Secretary, Professor Maurice A. Bigelow, President, American Eugenics Society; Treasurer, Dr. William F. Snow, Chairman, Executive Committee, American Social Hygiene Association. Dr. G. Foard McGinnis, Director of Medical and Health Services, American Red Cross, was elected to the Board of Directors.

The National Health Council maintains the National Health Library, which contains more than 6,000 volumes and 30,000 pamphlets dealing with public health, sanitation and related subjects. More than 500 professional journals and technical periodicals are received regularly from all parts of the world; and the library issues a weekly bulletin, *Health Articles of the Week*, giving brief descriptions of current magazine articles relating to health problems. It also prepares an annual guide for publication in the book list of the American Library Association as an aid to public libraries in the selection of books on health subjects.

Active member agencies in the National Health Council include the following:

American Eugenics Society, American Heart Association, American Public Health Association, American Red Cross, American Social Hygiene Association, American Society for the Control of Cancer, American Society for the Hard of Hearing, Conference of State and Provincial Health Authorities of North America, Maternity Center Association, National Committee of Health Council Executives, National Committee for Mental Hygiene, National Organization for Public Health Nursing, National Society for the Prevention of Blindness and the National Tuberculosis Association.

Associate member agencies are:

American Association of Medical Social Workers, American Diabetes Association, American Nurses' Association, Foundation for Positive Health, Laymen's League Against Epilepsy and the Planned Parenthood Federation of America.

The U. S. Public Health Service and the U. S. Children's Bureau are advisory members.

**Dr. Parran Reappointed Surgeon General.**—Dr. Thomas Parran, who has served with distinction as Surgeon General at the head of the U. S. Public Health Service for the past eight years, was recently nominated for a third term of four years by President Roosevelt and his reappointment immediately confirmed by the Senate. Dr. Parran is a member of the ASHA Board of Directors and the Chairman of its General Advisory Committee.

**Professor Winslow to Edit American Journal of Public Health.**—The American Public Health Association has announced the appointment of Professor C.-E. A. Winslow as editor of the *American Journal of Public Health*, succeeding Dr. Harry S. Mustard. The new editor, who is also Chairman of the Editorial Board of the JOURNAL OF SOCIAL HYGIENE, took over with the April issue.

In 1942, Professor Winslow, who is Anna M. R. Lauder Professor of Public Health at Yale University, received a certificate for forty years continuous membership in the American Public Health Association. He served as President of the APHA in 1926 and has filled many other offices in the organization.

**Dr. George Baehr Completes OCD Assignment.**—Mt. Sinai Hospital, New York, has announced the appointment of Dr. George Baehr, formerly Chief Medical Officer of the Office of Civilian Defense, as Director of Clinical Research. Dr. Baehr, a member of the ASHA Board of Directors and Executive Committee, formerly served the hospital as Chief of the Medical Staff. He resigned his OCD post on March 1, after rendering distinguished service. In his new capacity he will coordinate clinical research activities, the work of the laboratory, and the development and use of clinical and laboratory facilities at Mt. Sinai Hospital.

**Fellowships in Health Education Announced.**—Fellowships for graduate work in health education, leading to a Master of Science

degree in public health, are being offered by the U. S. Public Health Service through funds made available by the W. K. Kellogg Foundation. The fellowships, which will be available for the Fall college quarter of 1944, are similar to the eighteen fellowships awarded in the fall of 1943. Applications for the fellowships must be in the Office of the Surgeon General of the U. S. Public Health Service by August 1. Following is the official announcement of the fellowships, including the requirements for eligibility and the description of what they offer:

The need for qualified personnel who have a thorough understanding of both public health and education is being increasingly recognized. The shortage of trained health educators which exists, as well as a contemplated demand growing out of future expansion of health education activities both in this country and abroad is the chief concern of the sponsors of the fellowships.

#### **What do fellowships provide?**

*Training.*—Twelve months in public health education. This training includes nine months of academic work in public health and public health education and three months of supervised field experience. Upon successful completion of the course the candidate is eligible for a master's degree in public health education.

*Financial aid.*—The fellowships provide a stipend of \$100 a month for twelve months, full tuition, and travel for field experience. Candidates must pay their travel to and from the university at the beginning and end of training.

#### **When are fellowships effective?**

Fellowships will be available for the fall college quarter of 1944.

#### **Who is eligible?**

Fellowships are available to qualified American women between the ages of 19 and 40 years, inclusive. Men cannot be considered because of the demand for manpower for military service.

*Educational qualifications.*—A Bachelor of Science degree, or its equivalent, from a recognized college or university. Although standardized training as a qualification for fellowships cannot be specified in a field as new as public health education, it is desirable that the candidate present a background including as many as possible of the following areas of knowledge and skill:

1. A basic cultural education, including skills in the use of the English language
2. Basic science education in the physical and biological sciences
3. Training in education and educational psychology
4. Social science education to provide an appreciation of the importance of respect for human personality and government

*Personal qualifications.*—One of the qualities needed for community education is the ability to work effectively with people; therefore, creative ability, leadership, sound judgment and adaptability are essential qualities for the health educator to possess, plus good health and a pleasing appearance.

#### **What fields are open to the health educator?**

Local, State and Federal health departments as well as schools and voluntary agencies are employing health educators to assist in the development of community and school health education programs. It is the recommendation of leading public health authorities that a health educator be added to every local health department in the country. Other health educators will be needed abroad.

**How is application for fellowships made?**

Application forms may be obtained from the Surgeon General, U. S. Public Health Service, Washington (14), D. C. Applications must be accompanied by a transcript of college credits and a small photograph. Completed application must be in the office of the Surgeon General not later than August 1, 1944.

**Summer Courses.**—The following information has been received concerning summer courses of interest to social hygiene workers:

**Harvard School of Public Health:** A series of lectures and seminars on venereal disease control held during the period of May 30 to June 15 as announced by Dr. Edward G. Huber, Acting Dean of the Harvard School of Public Health. Dr. Walter Clarke, ASHA Executive Director and Clinical Professor of Public Health Practice at Harvard, conducted the course which is known as *Venereal Disease Control A2*. It was given Mondays, Wednesdays, and Fridays, and on Thursday, June 1st from 2:00 to 4:00 P.M.

Lectures given during the first hour of each session, covering epidemiology, case holding, health education and public health administrative aspects. During the second hour, problems individually assigned for study and reporting was discussed in a seminar. During, or at the end of the course, a one-week field trip to study venereal disease control programs in operation was available for interested students.

Special students, not candidates for a degree in Public Health, are admitted to the course by special permission of the instructor. Those interested in future sessions are advised to write the Secretary, Harvard School of Public Health, 55 Shattuck Street, Boston, Massachusetts, for a copy of the catalogue; and to write Dr. Walter Clarke, American Social Hygiene Association, 1790 Broadway, New York, 19, New York, giving a statement of training and experience for admission as special students.

**Mills College, California:** The American Institute of Family Relations will again offer a workshop in *Family Life Education* at Mills College, Oakland, California, from June 30th to July 22nd.

Dr. Roswell H. Johnson, Director of the Institute's Department of Personal Services, and Mrs. C. Brooks Fry, Assistant to the General Director, will be in charge. Mornings will be taken up by three periods of lectures, and afternoons will be open to discussion groups. For details and terms, write the Director of Summer Sessions, Mills College, Oakland, California.

**University of Utah:** Dr. Orson Whitney Young of the Weber Health Association has been invited to give a course on Social Hygiene, as part of the University's extension division work.

For further information, write the Utah Social Hygiene Association, McIntyre Building, Salt Lake City, Utah.

**University of Pennsylvania:** Dr. John H. Stokes announces the second course in Health and Human Relations to be offered by the Institute for the Control of Syphilis, University of Pennsylvania in cooperation with the U. S. Public Health Service, June 26 to July 28. Public Health Service funds provide scholarships for a limited number of teachers for the course which is fully accredited by the University of Pennsylvania and Temple University.

## NEWS FROM THE FORTY-EIGHT FRONTS

ELEANOR SHENEHON

*Director, Community Service, American Social Hygiene Association*

**Alabama: Birmingham**—Representatives of high schools and colleges of the State of Alabama met with health authorities on May 4th and 5th in Birmingham for a conference on sex education called by Doctor B. F. Austin, State Health Officer, and Mr. E. B. Norton, State Superintendent of Education. The group in their discussions explored the general outlines of courses in sex education at the college and high school levels and the desirability of establishing teacher training courses in social hygiene in the normal schools of the state. Among those who addressed the gathering were Doctor Maurice A. Bigelow, Educational Consultant of the American Social Hygiene Association and Doctor Walter Clarke, the Association's Executive Director.

**Georgia:** The Georgia Social Hygiene Council recently arranged for a series of meetings throughout the state at which Mrs. T. Grafton Abbott of the American Social Hygiene Association spoke on youth problems. Dates and places visited include :

May 9—Athens	May 12—Brunswick
May 10—Columbus	May 15 and 16—Savannah
May 11—Macon	May 19—Rome

Many of these meetings were co-sponsored by City or County Health Departments. Mrs. Charles D. Center, Social Hygiene Consultant of the Georgia State Department of Public Health and Executive Secretary of the Georgia Social Hygiene Council, accompanied Mrs. Abbott on her trip through the state.

**Indiana: Indianapolis**—The Indianapolis Social Hygiene Association recently made the city of Indianapolis a gift of the property housing the 150-bed city isolation hospital for the treatment of girls and women infected with the venereal diseases. The property includes the three buildings housing the hospital, their furnishings, and the land on which they stand. The hospital was deeded to the city at a formal ceremony at the office of Mayor Tyndall. Officers of the Indianapolis Social Hygiene Association include Mr. Harold B. West, president and Mrs. Evans Woollen Jr., vice president. Mrs. Meredith Nicholson Jr. is the Association's Director.

**Nebraska: North Platte**—Word has just reached national headquarters of the organization of the North Platte Social Hygiene Commit-

tee, with Mr. Donald T. Swaim of that city as chairman and a membership representing a number of interested North Platte groups. A future issue of the *Journal* will carry further word of the plans and program of this newest member of the social hygiene family.

**New Jersey: Newark**—The New Jersey Tuberculosis League held its annual spring conference in Newark on April 20th. Tuberculosis and social hygiene shared the spotlight, as for several years past. The morning session was divided into section meetings on these two great health problems. Mrs. Asher Yaguda, President of the Woman's Auxiliary to the Medical Society of New Jersey, presided over the Social Hygiene Section. The program of this section follows:

*The Incidence and Control of Venereal Disease in New Jersey in Wartime*—Glenn S. Usher, M.D., Chief, Bureau of Venereal Disease Control, State Department of Health.

*Social Protection in New Jersey*—L. Van D. Chandler, Health Officer, Department of Health, Hackensack; Chairman, Social Protection Committee of New Jersey.

*Education for Human Relations and Family Life*—Wilson G. Guthrie, M.D., Director, Health, Safety, and Physical Education, State Department of Public Instruction.

*How Venereal Disease Affects Family Life*—Sophia J. Kleegman, M.D., Assistant Clinical Professor of Obstetrics and Gynecology, New York University College of Medicine.

The large luncheon meeting was presided over by Doctor Stephen A. Douglass, President of the New Jersey Tuberculosis League. After a word of welcome by the Honorable Vincent J. Murphey, Mayor of the City of Newark, Mr. Percy Shostac, Consultant on Industrial Cooperation on the staff of the American Social Hygiene Association, spoke on Health Education for Industrial Workers. He was followed by Doctor H. McLeod Riggings, Medical Director of the Triboro Hospital of Jamaica, who discussed *Some New Developments in the Control of Tuberculosis*. The final speaker was Mrs. T. Grafton Abbott, Educational Consultant of the American Social Hygiene Association, who spoke on "Youth Problems in Wartime."

**New York: New York City**—The Consultation Center, a division of the Jewish Social Service Association of New York, with offices at 1819 Broadway, has recently celebrated its second anniversary. The Center offers case work service to any one in the Metropolitan area who can pay a moderate fee for help with personal or family problems. During its second year of life it helped approximately a thousand families, good evidence that the service it offers is needed and welcomed.

**North Carolina: Marriage and Family Conservation Conference.**—B. N. Duke Auditorium, North Carolina College for Negroes, was

the scene of the Third Annual Conference on Conservation of Marriage and the Family, on April 14. Mrs. Gladys Hoagland Groves, Director, Marriage and Family Council, Inc., Chapel Hill, North Carolina, served as Director of the Conference, and morning, afternoon and evening sessions were scheduled. Forums for high school and college students were held in the morning, under the direction of Miss Diana S. Dent, Head of Home Economics Department, with Dr. E. C. Hamblen, of Duke University Medical School, speaking on the subject *An Endocrinologist Looks at Marriage and Family Life*. Dr. John Hope Franklin, of the Department of History, presided at the afternoon session, and seven round table group meetings on the subject *Helping Young People Today* discussed the topics *In College, In High School, In Grade School, Before School, In Community, At Home, At Church*. Later, Edward Stainbrook, of Duke University Medical School, spoke on the subject of *Prevention and Treatment of Juvenile Delinquency*. High point of the program was the evening session with Dr. Albert L. Turner, Dean of the Undergraduate School, presiding, and President J. W. Seabrook, of Teachers College, Fayetteville, North Carolina, addressing the Conference on *Marriage and Family Life in Wartime*.

Charles E. Miner, ASHA Field Representative for the South-eastern States, attended the Conference.

**Ohio: Social Hygiene in Scioto County.**—Miss Magdalen Sommer, Executive Secretary of the Scioto County Tuberculosis and Health Association, Portsmouth, reports an active program for the Association's Social Hygiene Committee during the past year. Outstanding projects included :

Eight educational articles published in the newspapers, four radio programs (fifteen minutes each) and two fifteen-minute radio drama transcriptions, eighteen talks, eight showings of the film *Fight Syphilis*, the distribution of literature, and three window displays which were shown for a period of about six weeks. One of these in a small window consisted only of posters and pamphlets, but the others, where space permitted, included two models dressed in surgical gowns and masks and instruments and supplies used in treatment, as well as posters and pamphlets.

The Committee also has officially endorsed and made plans to promote passage of local legislation regarding inspection of food and examination of food handlers for venereal disease.

Officers and members of the Committee are:

*Chairman:* Dr. C. W. Wendelken, Judge Ralph A. Stevens, (President of the Scioto County Association), Miss Mary Wilking, Mrs. V. W. Scott, Mrs. Dorothy Shela, Robert J. McNamara, John W. Purdum, Mrs. C. M. Fitch, Mrs. William Nageleison, Rev. Roger Turrell, Captain A. B. Hill, Philip A. Bauer, William A. Atlas, Howard A. Berndt, Richard C. Ross, and Judge Emory Smith.

**South Carolina: Charleston**—Mrs. T. Grafton Abbott, Educational Consultant of the American Social Hygiene Association, was guest

speaker at a meeting sponsored by the Charleston Social Protection Committee on May 4th, when she spoke on *Youth in Wartime*. Invitations were issued by Mayor Henry W. Lockwood, Honorary Chairman of the Committee, Mr. Jesse W. Orvin, Chairman, and Doctor Leon Banov, County Health Officer.

While in Charleston Mrs. Abbott also addressed the Charleston Welfare Council and a luncheon meeting of the Charleston Kiwanis Club.

**South Carolina: State Bar Association Adopts Resolution for Education and Repression of Prostitution.**—At Columbia, South Carolina, on March 16, the State Bar Association adopted the following important resolution in support of the campaign against venereal disease and prostitution:

WHEREAS, The Social Protection Division of the Federal Security Agency, The War Department, The Navy Department, The United States Public Health Service, State and Territorial Health Officers, The American Social Hygiene Association, the American Bar Association and other State Bar Associations, are engaged in a campaign for the control of Venereal Diseases which embraces:

FIRST: A vigorous suppression of prostitution, and a decrease of the opportunities for contact with infected persons.

SECOND: The elimination of all who traffic in, profit from or have a hand in the business of commercialized prostitution.

THIRD: An investigation and elimination of all sources of infection by an early diagnosis, adequate treatment and isolation and quarantine, when necessary and medically advisable, of infected persons.

FOURTH: State and Local Responsibility for accomplishing the program's objectives with the cooperation and assistance of the Federal Government.

NOW, THEREFORE BE IT RESOLVED:

FIRST: That the South Carolina State Bar Association endorse the foregoing program for the State of South Carolina.

SECOND: We invite attention of all law enforcement officers in South Carolina to the fact that the National Sheriff's Association and the International Association of Chiefs of Police have endorsed this program and are actively cooperating with the Federal Government in it.

THIRD: We endorse a comprehensive statewide educational program which will advise and acquaint the general public with the nature, seriousness and cost of the venereal diseases, having as its objective the eradication of said diseases.

H. S. Reeves, Social Protection Representative for South Carolina, reports excellent cooperation from other state and community groups. Officers of the Bar Association are: President, Roach S. Stewart, of Lancaster; secretary, Charles I. Dial of Columbia, and executive committee, C. T. Graydon, R. Beverly Herbert and Chrisie Benet of Columbia.

**Texas: Corpus Christi**—The formation of a permanent social hygiene committee was announced on April 29th by Mr. Harold M. Barnes, Director of the Corpus Christi Council of Community Agencies. Members of the Committee are Dr. W. P. Scarlett, C. E. Burnett,

Carl W. Crow, Dr. Jack Derzavis, Dr. McIver Furman, Mrs. Alice Hagerdorn, the Rev. W. Oliver Harrison, Mrs. Eugene Kipp, Roy Klett, Dr. R. S. Lloyd, E. M. LaCona, Paul Martineau, Bob McCracken, Mrs. Ruth McDonald, Tom Quigley, C. C. Sampson, George Schauer, Mrs. C. M. Winther, Ed. P. Williams, Comdr. Frank Ellis, and Mr. Barnes.

The new Committee will undertake a survey of community conditions, needs, and facilities in the field of social hygiene for their guidance in planning a program designed to meet those needs. Special consideration will be given to case finding and holding, to health education, to the repression of prostitution, and to a program of information for young people, to be carried out through home, school and church.

Other recent social hygiene history in Corpus Christi includes a very successful Social Hygiene Day luncheon meeting held at the Plaza Hotel there on February 11th, which was attended by a number of the city's most distinguished citizens, including the Mayor, the Commissioner of Health, the Chief of Police, the Justice of the Peace, the Juvenile Court Judge and many others. The speakers were Captain John R. Poppen (MC) USN, Senior Medical Officer, U. S. Naval Air Intermediate Training Command, Corpus Christi, Texas; William P. Scarlett, Surgeon, U.S.P.H.S., Director in Charge of Venereal Disease Control for Nueces County, Corpus Christi City-County Health Unit; Judge Paul Martineau, Juvenile Court Justice; and Lieutenant Jack L. Derzavis (MC)V(S), U.S.N.R.

**Utah:** The Utah Social Hygiene Association just sponsored a series of meetings throughout the state at which Doctor Harriet S. Cory, Executive Director of the Missouri Social Hygiene Association, and Commander Benton V. D. Scott (MC), U. S. Navy, Venereal Disease Control Officer, 12th Naval District, San Francisco, shared the honors as visiting speakers on social hygiene problems. Arrangements were made for their appearance at the following times and places:

May 8-9—Salt Lake City, where a number of meetings were held and where Commander Scott broadcast over station KDYL.

May 10—Provo, where a dinner meeting was arranged.

May 11—Ogden, where both Doctor Cory and Commander Scott spoke at a meeting sponsored by the Weber Health Association.

May 12—Salt Lake City again, where Commander Scott addressed the Junior Chamber of Commerce.

May 12—Brigham City, where Commander Scott and Doctor Cory both appeared. Members of the medical profession, social and welfare workers, health department executives, law enforcement officers, military and naval personnel, and the general public were invited to take part in this impressive schedule of meetings on social hygiene problems.

Mr. Elias L. Day, Secretary of the Utah Social Hygiene Association, reports that Doctor Orson Whitney Young of the Weber Health Association of Ogden, has been invited by the University of Utah to give a course on social hygiene as part of their extension division program. The Weber Health Association carries on an active social hygiene program.

## NOTES ON INDUSTRIAL COOPERATION

PERCY SHOSTAC

*Consultant on Industrial Cooperation, American Social Hygiene Association*

### INDUSTRY FIGHTS VD

The exciting news on the ASHA industrial front is the series of seven articles *Unite Against VD* prepared by Dr. Walter Clarke for the labor press. This series is now appearing in at least 60 trade union papers with an estimated total circulation in the neighborhood of three million. Multiply this circulation by seven (the seven articles) and we get approximately 21 million individual messages to strengthen our campaign against the venereal diseases.

Dr. Clarke's series is appearing in union papers in 24 different states from Texas to Wisconsin, from New York to California. Five union papers for mine workers are running the articles in Harrisburg and Hazleton, Pennsylvania; in southern Illinois and in Morgantown, West Virginia. The national *CIO News* is carrying the pieces as are the official national papers of the unions covering shipbuilding, mill and smelter workers and maritime workers. Negroes are receiving the messages through the *Dining Car Worker*. Two labor papers with newspaper stand circulation, the *Cleveland Citizen* and the *Kenosha Labor*, have opened their columns to us.

To reach this great number of industrial workers under the favorable auspices and endorsement of their respective unions at a cost of mimeographing 14 pages of copy and spending a few dollars in postage is certainly an economical method of operation. It is a method, however, that can only succeed if the material presented is interesting in style and vital in content. The pieces by Dr. Clarke are brief, factual, lively, and always angled from a trade union point of view.

The articles are being followed up by a series of seven illustrations which are offered as a mat service without cost. Any reader of the *JOURNAL OF SOCIAL HYGIENE* who can place the series (with illustrations) in a union publication is invited to write us. They are being sent to all social hygiene societies and are being followed up by our field staff.

The *Unite Against VD* series is the opening gun of a three-prong offensive against syphilis, gonorrhea, prostitution and youth problems in the industrial field. In this drive we hope to enlist great numbers of our country's thirty million industrial workers and their families. That's a large order and we're planning our strategy carefully. Already our field staff, armed with a procedure manual based on the Fort Greene Industrial Health Committee project, is exploring the possibility of helping to initiate similar committees in at least one industrial community in each of the Service Commands.

# The CIO News

Published Weekly

**Congress of Industrial Organizations**

Philip Murray.....President James B. Carey.....Secretary-Treasurer

Vol. 7

April 24, 1944

No. 17

## Unite Against VD

# Go to Good Doctor, Not Quack, for VD

By WALTER CLARKE, M. D.

(Third of a series of articles on venereal disease by the Executive Director of the American Social Hygiene Association, a national voluntary health agency closely teamed up with the Army and Navy in the wartime campaign to combat syphilis and gonorrhea and all conditions favoring their spread.)

It cannot be stressed too often in this series of articles that good health is not served up on a silver platter. You must take a lively interest in your own well being and do something about it. You should seek the most benefit to yourself and your family from the health program of your local health department and of your trade union. You should go to your private doctor for regular physical check-ups.

People do not expect bone fractures to mend by themselves. They immediately go to a doctor. There is every reason to act in this sensible manner when gonorrhea is contracted. Medical authorities can put to use their effective method of treating gonorrhea only when people come to them for examinations and treatments.

### SIGNS OF TROUBLE

Gonorrhea, which is mainly a local disease of the sex organs, is caused by a germ known as the gonococcus. It strikes at least three times as many people as syphilis and is highly contagious until completely cured. Cured once, it can be contracted again and again. A burning sensation on passing water, followed by a discharge within two to ten days after infection are the usual first symptoms.

toms.

Found and treated in its early stages, gonorrhea can be cured in almost all cases, and the danger of serious complications is avoided. People get gonorrhea through sexual relations with someone who is infected. Neglected gonorrhea often prevents men and women from having children. It can also lead to serious internal disorders.

Gonorrhea is able to do so much damage because of its deceptive nature. After its acute stage, it tends to pass into a quiet period, often leading to the mistaken belief that the danger of infection has passed. Only a doctor—after thorough tests—can tell whether gonorrhea has been cured.

### EFFECTIVE TREATMENT

By use of the sulfa drug, great advances have been brought about in the treatment and cure of gonorrhea. Today, where these drugs are administered by a physician, early cases of gonorrhea can be cured within one to two weeks. But it takes much longer to make sure that a cure has really been achieved. Furthermore, these drugs may cause serious damage—even death—if used without the supervision of a physician.

A second manual, nearing completion, with the title *The Trade Unions vs. VD—A Program of Education and Action Against Syphilis and Gonorrhea*, will soon be in the hands of more than a thousand national unions as well as state and city central labor bodies of the AF of L and CIO. This trade union manual which will include samples of literature, posters and available films, etc., will present a three-point program: organize, educate, participate, and is expected to get wide trade union support. It will be suggested to the unions that (1) they organize health and welfare committees in their locals and in the plants where they work; (2) that an educational campaign, directed by the health and welfare committees and, following the concrete suggestions in the manual, be carried on among their members and finally that (3) the unions participate in the community fight against VD by working with local social hygiene societies, using their influence for law enforcement, social hygiene education and in the legislative field.

The third prong of our offensive will operate through management. A series of articles are in preparation, very similar to those now appearing in the trade union press but suitable for house organs and plant publications. Likewise we are readying a manual for management which follows the same general lines as the one for trade unions including the three-point basic program: organize, educate, participate, and emphasizing the importance of employee-management sponsorship of the program through a joint health and safety committee in every firm.

Our plans are big. They have to be if our message is to make a real dent in the largest segment of our population.

# Journal of Social Hygiene

Eleventh Annual Library Number

## CONTENTS

Education, the Soldier and the Home.....	Moe Frankel .....	325
A Public Library Works with Community Agencies.....	Aubry Lee Graham.....	329
A Library and a Social Hygiene Society Cooperate.....	Pauline J. Fihe, Viola Wallace and Jean Thomas.....	333
"I Want to Draw a Book on . . ." .....	Aimee Zillmer .....	336
Editorial—War and the Journal's Annual Library Number.....	.....	339
National Events .....	Reba Rayburn .....	340
News from the Forty-eight Fronts.....	Eleanor Shenehon .....	349
Notes on Industrial Cooperation.....	Percy Shostac .....	356
Book Reviews:		
Books of General Interest.....	.....	360
Books on Sex Education, Marriage and Human Relations.....	.....	362
Books on Law Enforcement, Legislation and Social Protection.....	.....	363
Books on Medical and Public Health Activities.....	.....	371
Publications Received—In the Periodicals.....	.....	376
Health Articles of the Week.....	.....	384

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*Until the War is Won*  
**the AMERICAN SOCIAL HYGIENE ASSOCIATION**  
*has these major objectives*



*...to help preserve the family and protect youth in wartime*

A PARTICIPATING SECTION OF  
THE NATIONAL WAR FUND

*...to help keep workers fit to produce the instruments of war*

### A NEW EXHIBIT

The new American Social Hygiene Association exhibit which made its debut at the National Conference of Social Work, Cleveland, Ohio, in May, has since appeared in Buffalo at the Biennial Nursing Convention, and in Chicago at the conference of the American Home Economics Association. Standing five feet tall and five feet wide, the exhibit is developed in attractive coloring, and the legends read, from top to bottom: ". . . to help keep soldiers, sailors and airmen at their posts and fit to fight . . . to help preserve the family and protect youth in wartime . . . to help keep workers fit to produce the instruments of war."

*First Annual*  
HEALTH EDUCATION WEI



DISPLAY ARRANGED BY SAN DIEGO SOCIAL HYGIENE ASSOCIATION, IN WINDOW OF SAN DIEGO GAS & ELECTRIC CO., DURING "FIRST ANNUAL HEALTH EDUCATION WEEK." See page 349.



ONE OF THE MANY STREET DISPLAYS WHICH HELPED TO MAKE THE CITY OF DALLAS AWARE OF ITS VD PROBLEMS IN THE RECENT EDUCATIONAL CAMPAIGN. See page 354.



# Journal of Social Hygiene

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## Eleventh Annual Library Number

### EDUCATION, THE SOLDIER, AND THE HOME \*

MOE FRANKEL

*Director, American Red Cross, Antilles Department*

The purposes of the Red Cross Services to the Armed Forces and its staff are four fold:

- (1) To give round-the-clock service to the men and women of the Armed Forces wherever they may be.
- (2) To link the servicemen and women with their home communities and families and constant two way flow of service.
- (3) To represent the American people in their desire to provide human comfort and aid to the Armed Forces.
- (4) To fulfill the charter obligations of the American Red Cross in war time.

A successful discharging of these four purposes depends on the people we represent and that success is in direct relationship to the quality and degree of education possessed by these people. That the demand for this education exists can be made evident by the few following statements. Today armed forces are considered a better fighting machine than that of the last war, because of the level of education of the men and women who make it up. The standard of living of any country is in direct ratio to the level of education. You have heard in previous talks the demand from the services for educational material and must realize that many of the men are anxious to prepare for life after the war by availing themselves of the educational facilities offered.

\* A paper given before a Conference of Librarians of the Antilles Department, U. S. Army, San Juan, Puerto Rico, April 11-13, 1944. (See p. 353.)

One of our prime functions is to serve as a buffer for the "gripes" and complaints of men who are dissatisfied with their lot. We feel that by giving them an opportunity to get this off their chests, their troubles may eliminate themselves in just talk. It is not sympathy that they desire in most cases. A timely suggestion or a new thought might change the entire complexion of things. Directing them to magazines or books, or helping them in securing material to follow up some interest they have expressed may be all that is necessary. Army Institute Courses have been helpful and Navy courses for advanced ratings still remain the most popular form of recreation or leisure-time activity on bases.

The necessary part education must play in this war can best be brought out by quoting some pertinent facts recently released by the Army and Navy. Neuropsychiatric disabilities accounted for discharge of almost half of 474,000 enlisted soldiers returned to civilian life lately. Admiral Ross T. McIntire expressed concern over these discharges, particularly those occurring in the first six months of service. Regimentation and non-adjustment occur to make many normal civilians into useless service men. Many of these men could have been useful if in some way their interests had been directed to some sort of self education. I can state that directing a person to some interest which obviously will prove to be a benefit to the individual in question has given meaning to time which previously prevented adjustment and was aimless.

Let me take a look at the soldier in reference to the requests which come into the Red Cross offices for aid. One fact stands out very clearly. In A.W.O.L. requests the soldier in question is usually found to have less formal education than the average for the Army. Those soldiers who receive C.D.D. or Section 8 discharges follow the same pattern. The more self-reliant soldier will request information but he will reserve the right to make a decision and take necessary action. His background enables him to do this. He is not easily upset nor emotionally unstable. His education has given him the mental discipline necessary to meet the unexpected. On the other hand the exact opposite exists where there is lack of understanding or clear thinking. The slightest deviation from the norm puts such a soldier in a whirlpool, grasping at every straw which may miraculously help him. He is the one who falls prey to the unethical interests and usually winds up by cutting a wide swath through the wheat field of Army or Navy regulations.

A self-reliant serviceman, a confident serviceman, a well-adjusted serviceman, and an intelligently courageous serviceman is an educated serviceman, either through formal means or self-education. An interesting experiment is taking place right now in the Rehabilitation Camp that has been set up on the island here. As a result of several conferences between the Officer-in-charge and the Red Cross man at the station, a program of education is going on. Spanish and English textbooks were provided so that the corresponding foreign language could be learned. Through the coopera-

tion of the Department Library, a good supply of Victory books were made available so that the boys would have access to reading material. These boys will return to the Army in many instances as better soldiers. Here again education will prove its worth as the superior cure to punishment.

This war will be victorious because many men realize why they are in it. This fact is exemplified by a picture appearing in *Time Magazine* months ago showing an American soldier taking refuge from the raid underneath an Army truck reading a *Time* article on *Backgrounds of War*.

As stated, the Red Cross service to link the serviceman and woman with their home communities and families is a constant two-way flow of service. Let me set the picture up for you with a few examples. A soldier visits one of the Red Cross offices and exhibits a letter just received from home. The news is upsetting, either sickness of some member of the family, financial difficulty, legal charges against the serviceman, or just the ordinary petty difficulties which occur in the home, magnified by some one to assume major importance.

Through the medium of the Chapter, which we shall call our educational unit, these disturbances can be solved with dispatch. But more important for this conference than an explanation of what procedures are used would be the correlation existing between the problems that arise and the educational level of the family. It can be stated without any hesitation that there is a direct ratio existing. The same situation exists at home as with the individual soldier. He is usually a direct counterpart of what one will encounter at the other end of the problem. These problems arise because families are poorly prepared from the standpoint of experience and background to foresee the results of their action or determine a course for the future which will adequately solve their need. An example can be cited. Through an ambulatory patient word had come to a Red Cross hospital worker that one of the new patients was terribly worried about some sort of family problem. This soldier was a young man of about twenty-three years, who was so upset by a letter he had received from home that at first he could not speak. At the conclusion of her visit, the worker had obtained the following information:

Because of transfers from one hospital to another the soldier had not received any pay for five months past, and had not been able, therefore, to send any money home to his family, which consisted of a mother, father, commonlaw wife and their two small children. The total income for the family group was \$37.50 per month, or the dependency benefits received by the soldier's mother, for the soldier had been misinformed and did not know that the other dependents were entitled to benefits. The family had one acre of land, but they could not make ends meet and being unable to cope with the situation further, had written to this sick soldier telling of illness and privation in the home. The Red Cross was of

course ready to handle such a situation. The local chapter in the home community was informed and went into action immediately. The ill members were taken for medical treatment and medicines were provided. A cash grant was made to the family for the rest of the month's expenses. The Hospital Worker contacted the Sick and Wounded office on the problem of the pay due the soldier. In subsequent interviews the soldier expressed his desire to marry his commonlaw wife and with the help of his Army Chaplain permission was secured. Again the Chapter's assistance was sought in obtaining the necessary certificates and licenses for marriage and the documentary evidence to support the allowance application for the wife, children and father. These were executed and put through the proper channels, and the story thus given a happy ending, but all the suffering, physical and mental, could have been avoided, had this family only known the resources of the community.

It is necessary therefore for some sort of education to be carried on in the home if the soldier is to be spared such distressing experiences. Through the many trained workers of the ARC solutions are found not by the worker but by the family with the help of the worker. Steps are taken to assure non-reoccurrence, sometimes by carrying on a training program in the home or by suggesting literature which will provide the information. Add to this forms of direct education carried on by chapters, such as First Aid and Water Safety courses, Home Nursing, Nutrition, and Nurses Aid work. In many instances visiting nurses are made available to families. Of necessity the groups reached are small. Mass education is beyond the ARC scope of activities.

But the need for this type of service is sufficient to point out that many families now requiring aid from outside agencies would not require this aid if their education met accepted standards.

The goal of this country has always been an educated citizenry. The services today are moulding the men who will direct the country tomorrow. Amidst all the expenditures for destruction today, it is fitting that the government recognize that the future depends on education. That is why we have these libraries established in the midst of war. It is these libraries which carry out the thought expressed by Benjamin Franklin in his "Information to those who would remove to America" to wit "In Europe birth has indeed its value, but is a commodity that cannot be carried to a worse market than to that of America, where people do not inquire of a stranger, 'what is he?' but 'what can he do?' Let us hope that every American soldier will have a constructive answer to this when this war is over.

## A PUBLIC LIBRARY WORKS WITH COMMUNITY AGENCIES

AUBRY LEE GRAHAM

*Public Relations Assistant, Public Library of Washington, D. C.*

The public library is an adult education agency, usually tax-supported, which serves both groups and individuals with books, pamphlets, and visual aids, and advice about them.

In the social hygiene field—which though only one, is an important one, of the fields served—the public library supplies books and pamphlets on sex education, preparation for marriage, child and maternal care, juvenile delinquency, venereal diseases, social case work, family life, recreation, housing, and related subjects.

The library works with agency staffs, with individuals sent to the library by the agencies, and refers persons to the proper sources for help. Some of its most effective work is done through close cooperation with established agencies. Some examples of these are reported by the Sociology Division of the Public Library in the nation's capital, as examples of how such cooperation can result in better service to the community.

The D. C. Social Hygiene Society and the Public Library prepared a joint exhibit at the Annual Scientific Assembly of the D. C. Medical Society. A bibliography listing books on sex education, marriage and venereal diseases was compiled for distribution at the exhibit and books and pamphlets were displayed, before a background of posters stating the functions of the two agencies as they related to cooperation with the medical profession.

This exhibit was also lent later to the Jewish Community Center to accompany a lecture by the Society's Executive Secretary.

Before the Young Women's Christian Association gave its course on Marriage and the Family, the instructor conferred with the Library's Sociology Division head about suitable books. The Library then sent the books to the Y.W.C.A. to make them readily accessible to the class members.

The American Women's Voluntary Services uses selected library books in their training course for child care aides.

The D. C. Board of Public Welfare borrows library books for staff use.

Library books are used at the D. C. Jail, in connection with the in-service training of the custodial staff. The collection deals largely with prison administration, leadership, and personality adjustment, and is intended to supplement lectures on these subjects.

The head of the Sociology Division served as chairman of the Central Neighborhood Council and became better acquainted with neighborhood problems and ways in which the Library could cooperate with social workers who are dealing with the problems.

The Washington Citizens' Council on Planning and Housing invited a representative of the Library to attend its meetings; as an agency for adult education for better community living and one providing literature on housing, it was logical that the Library be represented.

Several local Parent-Teacher Associations asked the Library to recommend books on sex education.

The Haskins Bureau asked for a list of books for an 18-year-old girl on "life and the mistakes of youth." Another newspaper column, Mary Haworth's of the *Washington Post*, suggested that a reader ask for books on the facts of life, with immediate response.

The influence of newspaper and magazine stories is often noted in increased circulation of books on the subject concerned, but the Library staff was somewhat startled recently to find ninth grade students—the guinea pigs themselves—asking for reading matter on juvenile delinquency, following newspaper and magazine publication of stories on increase in this problem.

Leaders in guidance work in the D. C. Public Schools used library material on juvenile delinquency, the subject of their study program for the year; thereafter almost daily requests for this material were noted.

The D. C. Health Department asked for a special supply of books on pre-natal care and child care and training, for use with city wide classes for prospective mothers. The Library bought the books, took them to one meeting of each class, and lent them, without red tape.

At the Christian School in the Nation's Capital, a six weeks' course sponsored by the Washington Federation of Churches, materials on marriage and child care were exhibited in connection with lectures on family life, and books and pamphlets were also displayed to supplement lectures on delinquency and housing.

Personnel workers from the War Department conferred with the Library staff about appropriate books for young people on marriage. A friend of a twenty-year-old soldier called to secure a suitable book on courtship and its problems to help the soldier's romance proceed more satisfactorily.

The Librarian in charge of book selection for the ship and shore libraries of the Navy, requested a list of recommended books on marriage, and a list based on titles in several existing bibliographies and specially annotated, was prepared.

Because of the dubious character of the many socalled "sex books", the Washington Library has consulted with the Social Hygiene Society for many years regarding acquisitions in that field. When any doubt exists as to the desirability of new purchases, the volumes in question are carefully checked as to scientific accuracy and exactness of statement. Hence the book-lists prepared and sponsored jointly by the Library and the Society have a high reputation for authenticity and good judgment. Thousands of these "teamwork" book-lists have been put to good use by parent-teacher associations and other organizations. Constant liaison is maintained and referrals are numerous, both from the Library to the Society and vice versa.

The Sociological Section of the Library has no "lock-box complex" but it takes pains to emphasize the normal and constructive social hygiene literature and to keep books on abnormal sexual psychology for serious students and away from minors and the morbidly curious.

### *Referrals*

The referral task of the Library is a responsible one. Under no circumstances does the library staff do actual counseling. When a person needs more advice than can be obtained in books, he is referred to persons competent to handle the matter.

There was the case of a fourteen-year-old girl who asked for books for her sister who was contemplating suicide. The librarian made an appointment for the girl at the Life Adjustment Center where it developed that the "sister" was actually the girl herself.

A young boy came to the Sociology adviser for help. His story was incoherent—full of accounts of objects seen where none existed, extreme fear of people and things, and confusion in general. He, too, was referred.

It is difficult for the average person to know where to go when in personal trouble. The accessibility of the public library, its long hours of service—usually twelve hours daily—and its impersonality—if one wishes to browse among its books there are no questions asked—seem to attract many who lack the courage, money, or information to seek professional advice. At the same time, an adviser usually is at hand to assist those who seek help. You can help such individuals by making sure that the Library knows the resources of the agency and by making it easy to call on the agency and to refer persons to it.

*Other Ways in Which the Local Library Can Be Helped to Serve the Community Better*

The library, can be helped, too, by inviting the librarian to come or to send a staff member to special meetings of the organization. It is only by acquaintance with the work and program that the librarian can provide the books and other materials to help in it. Call for books when needed and urge that they be made available in sufficient quantities to meet the needs of individual readers. Where library resources are not as great as the agencies might wish, special requests may help to focus attention on the need for more books in the field and provide impetus for acquiring them.

Call to the attention of your local librarian the films of the American Social Hygiene Association, so he in turn can recommend them, along with books, to individuals or groups interested in improving health and social conditions in the community.

These are a few suggestions only. Not all libraries are large enough to have a Sociology Division directed by a person with training and experience in social work. But all public libraries distribute books and try with varying degrees of effectiveness to contribute to the well-being of the community. By asking the public library's cooperation the distribution of books in all fields can be made more effective.

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"If your boy or girl comes to you with a question or problem, listen quietly and without batting an eyelash, no matter if it makes the cold chills run up and down your spine. Your boy or girl, in bringing a problem of morals to you, is paying you the greatest tribute that you as a parent will ever receive. And if your boy or girl doesn't bring up the subject, I suggest that *you* do it. Then talk the situation over frankly and without emotion, without censure—man to man, or woman to woman. Your youngster needs now, as never before, your love and understanding and the straightest thinking of which you're capable. Maybe you won't know all the answers. But you can give your boys or girls what you *do* know—what you've experienced and observed. Give them facts upon which they'll have a chance to decide wisely."

—From an article, *Does Your Daughter Think She's in Love?*, by GLADYS DENNY SCHULTZ, condensed by the *Reader's Digest* from *Better Homes and Gardens*.

## A LIBRARY AND A SOCIAL HYGIENE SOCIETY COOPERATE \*

PAULINE J. FIHE, *Head*  
VIOLA WALLACE, *Assistant*  
JEAN THOMAS, *Assistant*

*Readers' Bureau, Cincinnati Public Library*

For too many years, sex was a horrid word, spoken softly in the home, and certainly kept undercover in the public library. Yet, the library is the place to which the individual, seeking accurate, impersonal and wisely presented information, should be able to turn. Since the establishment of the Readers' Bureau of the Public Library of Cincinnati in 1925, advice has been sought constantly by parents, teachers and others in charge of children, in answering sex questions and in solving the problems which naturally present themselves to youth from the age of understanding through adolescence up to the pre-marital age. The informal, friendly atmosphere of Readers' Bureau has encouraged people to make requests across the desk which they might hesitate to do in more impersonal, hurried surroundings. Experience, too, has enabled the Readers' Advisers to penetrate the surface of a casual request, and to bring to light the real demand which reticence forbade the patron stating in his initial request.

To meet adequately these requests for recommended readings on sex education, the Readers' Bureau has always felt the need of a graded reading list which had received the approval of an authority in the field of social hygiene. In Cincinnati we are fortunate in having the active cooperation of the Cincinnati Social Hygiene Society, an affiliate of the American Social Hygiene Association. We asked the Executive Secretary, Mr. Roy E. Dickerson, widely known for his many writings on sex education, to collaborate with us on such a list. The work was begun in the summer of 1943, with an exhaustive combing of all available literature in the field of sex education. The books were examined from the viewpoint of accuracy of information, method of presentation, and whether or not they contained anything controversial or contrary to teachings of the church, home, and school. After minute revision, *Graded Readings in Sex Education* was published. To quote Mr. Dickerson, "This is a highly selective reading list, not a bibliography. It is not intended to include even all the good books in this field. It is designed rather, to make it possible for a reader to make a quick choice, without being confused by many titles. Special attention has been given to pamphlets."

\* A paper prepared for the *Wilson Bulletin for Librarians*, and reprinted here by permission.

Even before publication we were using Graded Readings in the proof stage to advise readers who came to us with their problems. The ink was scarcely dry on the initial printing of ten thousand copies before one thousand were given out at the Southwest District Conference of the Ohio Congress of Parents and Teachers. Since the publication date, March thirty-first, 1944, the list has met enthusiastic reception. It was distributed to Elementary, Junior, and Senior High School teachers of health, biology, social sciences, physical education, and kindred subjects, in the Cincinnati Public Schools. Copies were sent to all ministers through the Cincinnati Council of Churches.

We felt that social workers would be interested in such a working tool, and the various social service agencies of the city welcomed it gladly. They cover a wide field, ranging from Associated Charities and United Jewish Social Agencies, to the public relief divisions, probation officers, child protective associations, et cetera. Another interesting channel of distribution was to the five hundred parents enrolled in the Home Study Course in Sex Education, initiated last year by the Cincinnati Social Hygiene Society, and sponsored by the Cincinnati and Hamilton County Councils of the Parent-Teachers Associations. The list received nation-wide distribution through Mr. Dickerson, who mailed copies to all societies and affiliates of the American Social Hygiene Association in the United States. We consider, however, that the surface has been barely scratched.

This reading list is intended for parents, adults, teachers, counselors, and kindred persons, rather than for miscellaneous distribution. We would not, for example, give it in its entirety to high school students. The needs of this age level are met by a reprint of the section, "For the upper teens," which has been distributed through several youth-serving agencies, such as the preinduction health education program of Cincinnati's public high schools in which twenty-five hundred seniors were enrolled.

A reference set of the books included in this list is kept in the Readers' Bureau, so the patron may examine the books recommended and make his personal choice. Circulating copies are readily available in the main library and all branches, a number of which are housed in public school buildings.

Insofar as we can ascertain, *Graded Readings in Sex Education* is the first printed list published under the joint collaboration of a social hygiene society and a library. We submit it in hope it may be as useful to other libraries as we are finding it in Cincinnati and Hamilton County.

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**EDITOR'S NOTE:** It is to be regretted that wartime lack of space prevents publication here of this list, which is arranged under the following headings; (books and pamphlets listed separately): *For Parents*; *For Children up to Ten or Eleven*; *For Boys and Girls Ten or Eleven to Fourteen (inclusive)*; *For the Upper Teens*; *Thinking Ahead to Marriage*; *Marriage and the Family*; *Prenatal Life and Care*; *Supplementary Readings*.

Another excellent recent list is from another Ohio city, Cleveland, where the Cleveland Public Library, the Cleveland Division of Health, Bureau of Venereal Disease Control, and the Family Health Association collaborated in preparing a four-page bibliography, *Community Protection through Social Hygiene Education*. This list is arranged under the headings, *The Human Body; When Children Ask; Step by Step in Sex Education; Attaining Maturity; Marriage for Moderns, and Plain Words about Venereal Disease*.

Copies of the above lists may be secured by writing to any of the agencies named.

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"Most Americans want to play square with the boys and girls who will follow them. Most American communities want to do a good job for their young people. Playing square with them, doing a good job for them calls for truly cooperative effort all the way along the line. Children have at least twelve hours of intense activity every day. School takes a small part. Modern homes do not provide many chores that are experience builders nor many tasks that are appealing. Playgrounds are too remote. Streets are too handy, and streets lead down town where there are the most lights and excitement . . . the most places to do useless, if not harmful things. Cooperative effort to beat these conditions means real work by lots of people, not mere lip service to the nice phrase "let's prevent juvenile delinquency." Merchants and budget officers of public departments have to be as willing to back facilities for recreation as to back public works. When the folks of any town or city are ready to put their hearts into the job of meeting the needs of the young people, it can be done. We are in the mood to blame someone else, the teacher, the preacher, or the parent rather than blame ourselves for an environment that needs to be moulded for children if these children are to develop as good and constructive citizens. Children want to be a part of what goes on around them. Places where they fit in easily are important if they are to have a sense of responsibility and of participation.

The war is tearing us apart clear down to the foundations. Our children are now a prime war casualty. There is so much to do in building anew, in rehabilitation, in readjustment, that every boy and girl of these days should feel he is a part of the constructive community building."

RAY LYMAN WILBUR,  
Chancellor, Stanford University, and President,  
American Social Hygiene Association, in a radio  
symposium, one of the "Here's to Youth"  
series, of the National Broadcasting Company,  
April 15, 1944.

## "I WANT TO DRAW A BOOK ON . . ."\*

AIMEE ZILLMER

*Lecturer on Social Hygiene, Wisconsin State Board of Health*

*Parent:* "I'd like to have a book—a book about—I don't really know what to ask for! but you know what I mean—I want—my child is beginning to ask embarrassing questions."

*Librarian:* "You mean a sex hygiene book?"

*Parent:* "I guess that's what you call them, but my little girl is so young. I just want to answer her questions and don't want a sexy book."

*Librarian:* "I am sure that we have something that will help you." And so they have!

Twenty-two libraries visited, librarians interviewed—libraries in towns ranging from less than 5,000 to libraries serving a population of more than one half million—constitute the basis of this article.

Are social hygiene books available? Are they easily accessible to those concerned? Are they too easily accessible to those not concerned? How are they listed? Are they used? These and similar questions are waiting an answer. The impression gotten by visits of the author of this article, could hardly be called a study—rather a picture. The picture, by the way, of how it appears to the lay person, rather than to one trained in the library methods. And that was the object!

### *Libraries Are Really Schools*

We are always saying, and believing, or hoping, that parents are the child's best social hygiene teachers. The library is really a voluntary, not compulsory, school for adults. It is for this reason that we consider the libraries an important part of the social hygiene educational program. The libraries are there to be used. Practically all librarians will get the best books available but would like a fair guarantee of their use. Because a little reticence on the part of parents exists, when it comes to asking for these books, the use of excellent books in many well stocked libraries is not always sufficient to justify their purchase. It is not fair to say, "If one person is helped by the book, the purchase is justified!" There are

\* Reprinted from the Wisconsin State Board of Health Bulletin, January-March, 1944.

the books; there are the children to be guided; there are the conscientious parents—and Wisconsin boasts a large proportion of such parents. “You can lead a horse to water, but—.”

Hence this study! The libraries visited, served towns totaling a population of 1,065,065. We hope the comments prove helpful to librarians and parents, linking the two; the one having the supply, - the other the demand.

### *What We Were Looking For*

We visited the libraries to see

1. Which of the best social hygiene books they had?
2. Which they lacked.
3. Which books were asked for most often?
4. Were many books antiquated?
5. Where were the books located?
6. How were they listed?
7. Were parents natural or reticent about asking for books?

Answering *Question 1*, we found that most libraries had a good number of the best books—a number proportionate to their population. The books were well distributed as to type (education, marriage, health), and as to age group. It was interesting to note that in cities where the proportion of college parents was large, there were few social hygiene books in the library. In each such instance the librarian volunteered that the parents probably bought the books—at least she thought it likely. I wonder! After all, a social hygiene book is not like a book of poetry, a classic, or a cook book. It is more a reference book, and a library is a good place for it.

In re *Query 2*, we found many libraries lacking books on venereal diseases. That was not surprising, since until recently, few were written for the laity; and latterly, there has been a flood of free literature on the subject. Many had files of such free literature.

Which books were asked for most? “Books on marriage” is the answer to *Question 3*, and a wise choice they were. They included books that covered all phases of married life. My notes on this part of the findings read: “File on marriage worn and dirty.” And again, “Librarian says, Marriage cards must be re-typed once a year.”

*Question 4.* One librarian visited volunteered this honest remark: “Most of our books are old and good for a bonfire.” But only one other library visited had outmoded books—relics of 1911.

### *Do They Hide the Books?*

With regard to the other objectives of our study, to learn where most books were located, how listed, and whether parents are reticent about drawing them, our findings are unsettled and perhaps slightly unsatisfactory. On the first two points, there is no set policy. Generally the books are a little difficult to get. My notes on the location of social hygiene books read:

Books on closed shelf; must ask for them at desk.

Books on balcony—on open shelves; but balcony restricted.

Books on reserved shelf, behind glass, so titles can be seen.

Must ask for specific book.

Books in librarian's office; must ask for at desk. (Under this system books are little used.)

Books in locked case.

Books on open shelf, out of reach of children in "Parents Reading Room"  
(This seemed most nearly the correct way of handling such books.)

As to the listing of books, there seemed no particular method, the listings running from the single word "sex" (with no cross reference) to listing and cross references such as marriage, family, divorce, sex, sex hygiene, social hygiene education, sexual ethics, venereal disease, birth control. Social hygiene, marriage, and venereal disease seem to be satisfactory and sufficient headings.

By and large, parents *are* timid about asking for books. I hardly think that it is an embarrassment concerning the subject, but rather a queer and an unnecessarily conspicuous feeling that results from the cumbersome way of securing a desired book. It is the same result that occurred when a half dozen copies of very good and approved marriage books were put on the open shelves in a college dormitory library. When there was only one book, it was stolen, or at least sneaked off; when there were a half dozen copies, they were taken from the shelf and read in the open library. This difficulty about drawing books is surmounted by a variety of happy solutions devised by resourceful librarians. In one city, the librarian prepares a little colored folder listing books the library has on the various subjects to be discussed during the year by parent groups, including sex hygiene books. One librarian sees that the books applicable to a subject discussed are in full view at the meeting places. Another librarian has given the doctors of her city a list of marriage books available at her library, books written for the laity and covering more than the physical side. Another librarian sends marriage book lists to young brides, and book lists on child guidance to young mothers.

All the above observations were discussed with an outstanding Wisconsin librarian. The problem, she admitted, was how to get the book from the library to the persons who want to use it discreetly. She suggested it might be helpful to place a sign near the sex hygiene books, or a note on the fly leaf of each book reading something like this: "Do not hesitate to have this book checked at the desk." Or if a book was "lifted" and not really stolen, an added statement might read: "If you failed to check this book when taking it out, do not hesitate to have it checked on return."

Eager to serve wisely and in good taste is how I would summarize the findings of this study of social hygiene books made available to the public through Wisconsin public libraries. The Social Hygiene Department counts on these libraries as its community outposts.

## EDITORIAL

### WAR AND THE JOURNAL'S ANNUAL LIBRARY NUMBER

War pressures and trends of the times are plainly seen in this number of the *JOURNAL OF SOCIAL HYGIENE*—the eleventh annual issue devoted to library interests. Wartime duties of the editorial staff, as well as of writers to whom we would naturally turn for articles and book reviews, are responsible for delayed appearance and omission of some features and items which would usually be included. Wartime limitations on paper and printing are shown in the lesser number of publications received for review, and in the fact that some of those received were in miniature size, often in paper covers and sometimes in mimeographed form. Wartime problems are apparent in the increased number of publications dealing with efforts for prevention of prostitution and sex delinquency. Wartime advances in medicine and public health have made necessary new editions of a number of standard works. On the other hand, preoccupation with war emergency difficulties seems to have prevented the usual generous contribution of writers on the long-range aspects of social hygiene, ordinarily grouped under *Books on Sex Education, Marriage and Human Relations*, though advance notices of publication of a number of promising ones have been received. These are needed more than ever for postwar guidance, and the *JOURNAL* looks forward to their advent.

The fast-changing scene of a country at war is also illustrated by the fact that many of the publications reviewed in this issue which would in normal times be published in book form have appeared as pamphlets or as articles in periodicals. Some of these, with suitable revision and amplification, will doubtless be published between boards after the war is over, as permanent records and reference material. Meanwhile, for the sake of simplicity and uniformity with other *Library Numbers*, and because so many of these temporary-style publications are really book-material, the Editors have kept to the usual style of interest group *Book Review* headings. For the same reasons, considerably more space than would under ordinary circumstances be assigned to pamphlet publications has been devoted to reviews of some of these. This we believe will meet with the approval of librarians generally, and especially of those who are concerned with special collections of literature on health and welfare.

The importance and opportunity of the library, whether public or special, in social hygiene matters, steadily grow, and the *JOURNAL* urges all social hygiene groups to make full use of the help available for public education from this source. The Editors will be glad to receive information concerning other community education efforts conducted in cooperation between libraries and social hygiene societies and workers, such as those reported in the articles in this number by Mrs. Graham, Miss Fine and her helpers, and Miss Zillmer.

Please send us also any suggestions which may occur to you regarding desirable features for future *Library Numbers* of the *JOURNAL*, or in fact for publication at any time.

## NATIONAL EVENTS

REBA RAYBURN

*Washington Liaison Office, American Social Hygiene Association*

**American Library Association Plans for War Areas.**—Plans for aiding foreign libraries after the war and activities being carried on toward that end during the present time are outlined in a recent release from the American Library Association telling of a \$100,000 grant from the Rockefeller Foundation which will make possible the purchase of books of permanent value for future shipment to libraries in war areas. The books, representing significant contributions to research and scholarship in the United States since the war began, are to be held in reserve for distribution when transportation returns to normal. Some important books published during the war are already out of print and many more will be before transportation channels are reopened. The grant is an extension of funds amounting to \$250,000 provided by the Foundation for the purchase of periodicals to be sent to foreign libraries after the war. Both projects are administered by the A.L.A. International Relations Board through its Washington Office.

The A.L.A.'s international activities have expanded considerably since the beginning of the war and as part of the government's information program books on all aspects of cultural, political and economic thought are being sent to libraries in Latin America. American libraries of information are open to the public in Mexico City, Managua, Nicaragua, and Montevideo, Uruguay, with plans under consideration for an American library in China. Information libraries in Europe, Asia and Africa are operating under the OWI. The A.L.A. helps to operate library schools in Quito, Ecuador, Lima, Peru, and Sao Paulo, Brazil, and aids students coming from other countries to study in American library schools.

**U. S.-Mexico Border Public Health Association Meets.**—The Second Annual Meeting of the United States-Mexico Border Public Health Association was held in El Paso, Texas, and in Ciudad Juarez, Chihuahua, Mexico, May 30-June 1. Morning sessions were devoted to formal presentation of papers on health subjects of mutual interest and afternoons were devoted to simultaneous meetings of three round tables on venereal diseases, sanitation and tuberculosis. Of special interest to social hygiene workers were the discussions on venereal diseases and social protection:

*Venereal Disease Control Program Along the Border of the State of Sonora,* Dr. Francisco Arriola, Federal Health Department, Nogales, Sonora; *Venereal Disease Lay Workers Program,* Walter Joslin, Senior Investigator, California State Health Department, Los Angeles, California; *Rapid Treatment Centers,*

Dr. Melford S. Dickerson, Director, Venereal Disease Control, Texas State Health Department, Austin, Texas; *Border Venereal Disease Control Activities*, Dr. Luis Castaneda, Supervisor, Venereal Disease Clinics on the Mexican Border; and *The Development of the Venereal Disease Control Program of the City-County Health Unit of El Paso*, Dr. M. R. Vinikoff, Director, Venereal Disease Control Division, City-County Health Unit, El Paso, Texas.

Presiding at the venereal disease round table were the heads of Federal venereal disease control programs of the two countries, Dr. Enrique Villela, Mexico City, and Dr. J. R. Heller, Washington, D. C., on May 30; and on May 31 Dr. Jose Ortega Bustamante, Ciudad Juarez, Chihuahua, and Dr. W. B. Prothro, El Paso, Texas.

Mr. Bascom Johnson, ASHA Director in charge of the Dallas Field Office, attended the conference.

Dr. Frederico Ortiz Armengol, Health Officer of the State of Chihuahua, Mexico, succeeded Arizona State Health Officer, Dr. Lewis H. Howard, as president of the Border Public Health Association; and Dr. V. M. Ehlers, Sanitary Engineer of the Texas State Health Department, was named president-elect, to take office next year. Dr. Donald Davey, Venereal Disease Officer for Southern California, and Dr. Victor Ocampo Alonzo, Chief of Coordinated Health Service of the State of Sonora, Mexico, were elected vice-presidents. Dr. A. Baz Dresch of the Juarez Health Department was named Secretary, succeeding Dr. Joseph Spoto, Traveling Representative, Pan American Sanitary Bureau.

**U. S. Chamber of Commerce Makes Community Health Awards.**—Award of 1943 National Health Honor Roll standings to 53 city and county units was announced late in April by Eric A. Johnston, president of the United States Chamber of Commerce, which with the American Public Health Association, sponsors this nation-wide merit award program for community health advancement.

The awards are made on the basis of attainments of high standards of excellence in protecting public health in wartime, with emphasis placed on specific measures to control communicable diseases, such as venereal diseases, tuberculosis, and children's diseases. Further important elements are safeguards in maternity care, child health and welfare, effective health education, sanitation, industrial health programs and other health services. The large number of entries was judged by a committee of ten leading authorities who spent weeks grading reports from communities throughout the United States. Chairman was Dr. John T. Phair, Chief Medical Officer of Health, Toronto, Canada.

The report also included a statement by two members, Dr. George P. Darling of the National Research Council and Dr. John A. Ferrell of the Rockefeller Foundation, that both wartime health problems and postwar planning for industrial and community welfare had been considered. Pronouncing the Health Evaluation Schedule used in this contest "one of the best tools for postwar planning," these health authorities said that its use would give every community exact knowledge of where it stands in health and hospital facilities in connection with adjusting itself to post-war conditions. Maintaining that cities which make this inventory are steps ahead of non-participating communities in postwar planning, they asserted

that "communities which arm themselves with a definite plan based on the Honor Roll Health Evaluation Schedule will obviously be in the best position to obtain promptly trained technicians and additional facilities after the war."

The 53 winning cities and counties which will be awarded engraved plaques are as follows:

**Arkansas:** Little Rock.

**California:** Los Angeles County, Pasadena, San Jose, Santa Barbara County.

**Connecticut:** Greenwich, Hartford, Stamford.

**Georgia:** Glynn County.

**Illinois:** Evanston, La Salle-Peru-Oglesby, Peoria.

**Kentucky:** Fayette County, Louisville-Jefferson County, Madison County.

**Maryland:** Baltimore.

**Massachusetts:** Newton.

**Michigan:** Allegan County, Barry County, Calhoun County, Detroit, Dickinson County, Eaton County, Ingham County, Jackson, Mason County, Menominee County, Midland County, Saginaw County, Van Buren County.

**Minnesota:** Rochester.

**Mississippi:** Coahoma County, Jones County, Lauderdale County, Leflore County, Washington County.

**New Jersey:** Hackensack, Newark.

**New York:** Schenectady.

**North Carolina:** Forsyth County.

**Oregon:** Jackson County.

**Pennsylvania:** Reading.

**South Carolina:** Spartanburg County.

**Tennessee:** Davidson County, Gibson County, Memphis-Shelby County.

**Texas:** Austin-Travis County, El Paso City-County, Houston.

**Virginia:** Arlington County.

**Wisconsin:** Madison, Milwaukee, Racine.

**National Congress of Parents and Teachers Holds Conference on Childhood and Youth.**—With the theme *All Children Are Our Children*, the National Congress of Parents and Teachers met in their 48th Annual Convention, May 22-24 at the Pennsylvania Hotel in New York. The three days were crowded with general meetings, forums, panel and general discussions, dramatizations and interesting presentations of all kinds. Mrs. William A. Hastings, president of the Congress, presided at the general sessions. On May 22, an afternoon general session was devoted to *Parent Education and the Citizens*

of Tomorrow, with talks by Mrs. Evelyn Millis Duvall, Mrs. Sidonie Gruenberg, and others. This was followed by meetings of various workshop groups on such subjects as publicity, legislation, and special programs of the various age groups.

On May 23, a general session in the morning was addressed by John W. Studebaker, United States Commissioner of Education, who spoke on *Problems of Postwar Education*. Symposia on various subjects were presented in the afternoon, among them, one on *Keeping Children Healthy and Safe*, which included as participants Dr. Marion Hotopp, National Chairman, Health and Summer Round-Up of the Children; Joseph Miller, National Chairman, Mental Hygiene; Mrs. Bess N. Rosa, National Chairman, Social Hygiene; and Mrs. L. K. Nicholson; National Chairman, Safety. A resource panel for this group included Dr. Walter Clarke, ASHA Executive Director, and Dr. Mayhew Derryberry, Chief, Field Activities in Health Education, U. S. Public Health Service.

An evening general session included greetings from Canada, China, Russia and South America; and an address on *Child Care in Tomorrow's World*, by Miss Mary Craig McGeachy, Director of Welfare and Relief for UNRRA.

**Women's Clubs Adopt Resolutions.**—The Annual Convention of the General Federation of Women's Clubs, held in St. Louis on April 25-28, adopted and reaffirmed a number of resolutions supporting a well-rounded program for the welfare of children and young people. The Convention ratified a resolution adopted by its Board of Directors in June 1943 concerning *Juvenile Delinquency*, as follows:

WHEREAS, The problem of the rapidly mounting rate of juvenile delinquency is confronting every community in the United States; and

WHEREAS, This condition is a responsibility of the forces of the home, the school, the church and the community; therefore be it

RESOLVED, That the General Federation of Women's Clubs in convention assembled, April 1944, urges the formation of committees within the individual clubs, districts and states of the Federation, which shall work toward the coordination of effort of all organizations and agencies of the community interested in the welfare of children and youth to combat juvenile delinquency through the establishment of such community services as a survey shall prove to be necessary in the local communities.

Presented by:

MRS. HORACE B. RITCHIE, Chairman, *Public Welfare Department*.

MRS. HIRAM C. HOUGHTON, JR., Chairman, *Education Department*.

MRS. EDWIN I. POSTON, Chairman, *American Home Department*.

MRS. GUSTAV KETTERER, Chairman, *War Service Department*.

Resolutions previously adopted and reaffirmed by the Convention included one on education and crime prevention, as follows:

WHEREAS, The American home is the keystone of the nation in the preservation of moral, ethical and spiritual values; and

WHEREAS, American women can and must assume the challenge presented by the alarming increase of juvenile delinquency to safeguard American youth, upon whom the future of the nation depends; and

WHEREAS, A well-coordinated and thoroughly integrated crime prevention program demands the wholehearted cooperation of the home, the churches of all denominations, the schools, as well as the social, civic and commercial agencies in the community with the full participation and assumption of responsibility by youth itself; therefore be it

RESOLVED, That the General Federation of Women's Clubs in convention assembled, April 1944, calls upon the national, state and local authorities to make available on the community level, practical assistance in the form of school character-building programs; sex and marriage counseling courses; vocational guidance; psychiatric and psychological clinics; properly supervised recreational facilities for all age groups, including adult and youth forums for the development of civic responsibility and patriotism; proper control over commercial enterprises which are harmful to youth; adequately-staffed socialized juvenile and adolescent courts and socially-trained police and probationary officers; and be it further

RESOLVED, That the General Federation of Women's Clubs requests its membership to use every available means at its command to secure the adoption and implementation of this program throughout the nation for the protection of American youth.

Presented by:

MRS. HIRAM C. HOUGHTON, JR., Chairman, *Education Department*.

MRS. HORACE B. RITCHIE, Chairman, *Public Welfare Department*.

New resolutions presented and approved, support the development of nursery schools; continuance of school lunch programs; support of the U. S. Children's Bureau; and a statement about the use of policewomen, worded as follows:

WHEREAS, The employment of policewomen has shown its value in those communities where the system has been given a fair trial; and

WHEREAS, The point of particular value in the use of policewomen has been in the treatment of women and children who are in conflict with the law; therefore be it

RESOLVED, That the General Federation of Women's Clubs in convention assembled, April 1944, expresses its approval of the system of employing police-women and its support of plans to extend the system to all municipalities where there are cases involving any considerable number of women and children.

Presented by:

MRS. HORACE B. RITCHIE, Chairman, *Public Welfare Department*.

**United States Office of Education Has Consultant in Social Hygiene.** —Lester A. Kirkendall has been temporarily assigned from the United States Public Health Service to the United States Office of Education, to serve as Senior Specialist in health education in the Division of Physical Education and Health Activities. He will be available as consultant on social hygiene, human relations, sex education, and related subjects, to schools, teacher training institutes and other educational agencies and organizations. The need

for a service of this kind has been attested by many requests from state and local school officers, and by resolution of the National Conference for Cooperation in School Health Education.

Mr. Kirkendall holds M.A. and Ph.D. degrees from Columbia University and his interest in education and social hygiene has been varied. He has served as principal of elementary and secondary schools; as teacher of education and personal counselor in universities; and as educational consultant with the VD Institute of Raleigh, North Carolina.

**Dr. Sawyer Appointed to UNRRA.**—The appointment of Dr. Wilbur A. Sawyer of New York as Director of Health for the United Nations Relief and Rehabilitation Administration was recently announced by Director General Herbert H. Lehman. Dr. Sawyer, who has been Director of the Rockefeller Foundation's International Health Division for the past nine years, will be assigned to Washington in charge of the Health Division of UNRRA and will be responsible for planning and directing health and medical activities.

**Chautauqua Summer Schools Offer Social Hygiene Courses.**—Continuing their custom, the New York University Division of Chautauqua Summer Schools at Chautauqua, New York, offers a number of courses dealing with social hygiene subjects for its forty-fourth session, July 10th to August 18th. Doctor Mabel G. Lesher gives three which are of special interest:

- I. EDUCATION: Course 9. *Education for Family Life I*—This course aims to meet the increasing demand for educators, nurses, social and religious leaders trained in the field of sex-character education or education for family life as recommended in the 1941 Yearbook of the American Association of School Administrators. It is designed (1) to give an appreciative understanding of the normality and potential value of the creative force of sex in the life of every normal individual from infancy to adulthood; (2) to enable parents to answer the child's questions and to aid in the development of wholesome habits and emotional attitudes as essential preparation for the oncoming changes of adolescence; (3) to offer concrete methods for the guidance of youth in the adjustment of his physical, emotional and social problems; (4) to present detailed elementary and secondary school programs and illustrated classroom talks on the high school level. A special reference library will be available.

Course 10. *Education for Family Life II*—A discussion group study of the social problems of the late adolescent and the adult. It includes essential factors in preparation for marriage as effected by changing economic and educational conditions and by the changing standards of behavior, greatly accelerated in wartime; also, needed adjustments of the unmarried and readjustment in family and social relations in the postwar period. Reports, opinions of recognized authorities, access to latest studies and specific questions for class consideration will characterize the course.

*Note: Courses 9 and 10 offer a complete unit in that aspect of Social Hygiene known as Education for Family Life. Course 9 is not an essential for Course 10.*

**VIII. PHYSICAL EDUCATION:**

1. *Personal Hygiene*—Deals with the personal health problems of the class. Guidance is given in solving these problems on the basis of what is known at the present time about the best ways of living. This course not only presents the factual knowledge essential for healthful living; but it also emphasizes methods of motivation of the adolescent for the application of this knowledge in his daily living.

**U. S. Public Health Service Act Signed.**—Legislation adopted by Congress, "To consolidate and revise the law relating to the Public Health Service," was signed by the President on June 30. Known as the Public Health Service Act, the new Public Law 410 of the 78th Congress, 2nd Session, broadens the scope of the Service, and brings together in one place all the legislative authority for its activities. Among new features of the Service under this act will be: a tuberculosis control program with authorization for a \$10,000,000 appropriation for the first year, including both USPHS activities and grants-in-aid to states; authorization of up to \$20,000,000 a year for aid to general public health activities in the states; commissioning of Public Health nurses. In approving this legislation, the President issued a statement commending the Public Health Service which reads in part as follows:

The Public Health Service Act is an important step toward the goal of better national health. A constituent of the Federal Security Agency since 1939, the United States Public Health Service is one of the oldest Federal agencies—and one in which the people have great confidence because of its excellent record in protecting the health of the nation. . . . In establishing a national program of war and post-war prevention, we will be making as sound an investment as any government can make; the dividends are payable in human life and health.

Surgeon General Thomas Parran issued a formal statement shortly after the President had signed the act, outlining some of the benefits. "I am deeply gratified," he said, "that the House and the Senate have passed the Public Health Service Act without a dissenting vote. We are conscious of the large obligations imposed by the public trust invested in the service. This law facilitates the discharge of this responsibility under both wartime pressures and the continuing demands of peacetime."

Dr. Parran said that the new law would enable the Public Health Service to make further Federal grants-in-aid for research in disease; would strengthen the commissioned corps of Public Health officers; would provide for the commissioning of Public Health nurses; and confirm the broad foreign and interstate quarantine powers of the Service.

**Negro College Social Hygiene Day Contest Winners.**—Congratulations are in order for the following colleges, winners of the contest on Social Hygiene Day projects, in a field of contestants comprising thirty-three Negro colleges: first place, Louisiana Negro Normal and Industrial School, Grambling, Louisiana; second, Jackson College, Jackson, Mississippi; third, Wilberforce University, Wilberforce, Ohio; fourth, St. Augustine's College, Raleigh, North Carolina.

The reports were judged on the basis of the amount of activity carried on, the extent to which the program covered all phases of social hygiene problems, the amount of student participation in the planning and execution of the program and the number of people apparently reached. In the latter connection those programs which reached out into the community were given extra credit. Original dramatic skits, poster contests and quiz contests were among the more novel features in some of these programs.

The contest was sponsored by the American Social Hygiene Association and the National Student Health Association. The prizes awarded were in the form of books on social hygiene for the college libraries, to be selected by the colleges from an approved list in amounts to the value of \$40 for the first place, \$30 for second place, \$20 for third place, and \$10 for fourth place. All entries in the contest received a year's subscription to the *JOURNAL OF SOCIAL HYGIENE*.

Honorable mention in the contest was awarded to six other entries: Wiley College, Marshall, Texas; West Virginia State College, Institute, West Virginia; Johnson C. Smith University, Charlotte, North Carolina; Dillard University, New Orleans, Louisiana; Morgan State College, Baltimore, Maryland; and Southern Christian Institute, Edwards, Mississippi.

**National Women's Advisory Committee on Social Protection Meets.**—The second general meeting of the Committee was held on May 25th in the National Auditorium, Washington, D. C., with nearly all the thirty and more member organizations represented. Morning and afternoon sessions were held, with Mr. Eliot Ness, Director of the Division of Social Protection, presiding, and Mr. Mark McCloskey, Director, Community War Services, Mr. Judson Hardy, Public Information Specialist, U. S. Public Health Service, as guest speakers. Chief business of the day was the reading and revision of the new manual for women's groups, *Meet Your Enemy—Venereal Disease*, which has been prepared during the past year by a special sub-committee headed by Mrs. Horace B. Ritchie, and which is now in process of publication by the Division of Social Protection. Plans for distribution by the member organizations were also discussed and it is expected that the publication will have a wide circulation, especially among women's groups newly cooperating in the social protection program.

Attending the meeting were:

Dr. Helen Gladys Kain, American Medical Women's Association; Mrs. DeForest Van Slyck, Association of Junior Leagues of America, Inc.; Mrs. Roy C. F. Weagley, Associated Women of American Farm Bureau Federation; Mrs. Horace B. Ritchie, General Federation of Women's Clubs; Miss Eleanor Fowler, Congress of Women's Auxiliaries of the CIO; Mrs. George E. Pariseau, Girls' Friendly Society of the U.S.A.; Dr. Janet Fowler Nelson, National Board of the Y.W.C.A.; Mrs. Frederick R. Scott, National Board of the Y.W.C.A.; Miss Margaret T. Lynch, National Council of Catholic Women; Mrs. Gerson B. Levi, National Council of Jewish Women; Mrs. J. Austin Stone, National Women's Trade Union League of America; Mrs. Samuel McCrea

Cavert, United Council of Church Women; Miss Alice Scott Nutt, Assistant Director of Research, Social Service Division; Miss Jean B. Pinney, American Social Hygiene Association; Miss Elizabeth H. Godwin, Consultant on Family and Child Welfare, Bureau of Public Assistance; Miss Bertha McCall, National Traveler's Aid Association; Mrs. Mildred F. Eslick, Associate Public Health Nurse Consultant, United States Public Health Service; Mrs. Pearl Case Blough, USO Service for Women and Girls; Miss Florence Taaffe, Joint Army and Navy Committee on Welfare and Recreation; Mrs. Norma F. Wulff, Vice President, Cleveland Safety Council and Board of Education; Mrs. Zilpha Franklin, Director of Information, Federal Security Agency; Mrs. Delie Kuhn, Director of Information, Community War Services; Mrs. Ruth Sadler, Miss Marie Duffin, Miss Cecelia McGovern, Social Protection Division.

**American Medical Association Journal Urges Teaching of Biology in High Schools.**—The Journal of the American Medical Association for June 3 urges its membership to cooperate in backing a two-year course in biology in all high schools, as an aid to the general health of the country through the dissemination of knowledge concerning human biology. A recent report on instruction in biologic subjects, by a committee appointed by the Union of American Biological Societies, indicated serious deficiencies both in the teaching itself and in the training of teachers.

"The medical profession," says the Journal, "cannot be indifferent to widespread public ignorance of biologic facts and principles. The health of a people must rest in part on well disseminated knowledge of man's biologic friends and enemies, of a sound nutrition, of man's own bodily functions, of how and what he inherits, and of the sure relation between cause and effect. Much experience has shown that comprehension of these and other related matters is usually not obtained through short exposures to formal training in the various biologic subjects in our schools."

A year ago the Medical Association's Reference Committee on Hygiene and Public Health adopted the following resolution in support of this type of cooperation:

That the American Medical Association through its Bureau of Health Education encourage close cooperation between the constituent state medical associations and component county medical societies and the teachers of science in their respective communities to the end that intelligent instruction in science and biology be given the youth of America.

## NEWS FROM THE 48 FRONTS

ELEANOR SHENEHON

Director, Community Service, American Social Hygiene Association

**Arkansas Pharmaceutical Association Holds Annual Meeting.**—The 62nd Annual Convention of the Arkansas Pharmaceutical Association occurred June 13th and 14th at Arlington Hotel, Hot Springs. Mr. Basecom Johnson of the ASHA staff was a speaker on the subject *Pharmacy Fights VD*, reporting progress under the Joint Committee of the ASHA and APHA and outlining the present program and recent developments.

**California: San Diego's First Annual Health Education Week.**—The San Diego Social Hygiene Association was one of some forty-five organizations taking part in that city's First Annual Health Education Week, May 12 to 21, organized by the USO Industrial and co-sponsored by the Community Chest Health Council. The theme of this program was *Community Mobilization for Health Education*. Mr. Royal Thomas, USO Industrial director, served as secretary of the Health Education Week Committee.

Health education about the venereal diseases was of course an important part of this overall health program. Through the courtesy of the San Diego Gas & Electric Company the San Diego Social Hygiene Association obtained the use of a large display window in which they arranged the effective exhibit shown in the photograph. The sign *Free Literature Inside* attracted many people to visit and select from the display of literature arranged in the show room.\*

Other events of the week were film showings, radio broadcasts, talks, health themes and contests in the schools—in fact all the devices which can be used to bring the importance of *Victorious Health*—the slogan of the Week—to the attention of the public. Congratulations to the USO and the Community Chest Health Council and to all those who worked with them to make a success of this event.

**District of Columbia Social Hygiene Society Reports on Year's Work.**—Ray H. Everett, Executive Secretary of the Society, in the May issue of *Social Hygiene News and Views*, tells the story of a busy twelve months with many important results. The "stark statistics," as Mr. Everett says, include:

Lectures—Health, Sex Education and Law Enforcement.....	141
Total Attendance .....	11,397
Personal Service (Consultation on casework basis).....	1,613
Education by Publicity .	
Radio Broadcasts .....	13
Newspaper Articles (inches of space).....	1,379
Pamphlets Distributed .....	19,770
Books Lent .....	787
Exhibits .....	23

\* See frontispiece photograph.

But, as the report points out:

"Many of the Society's most important and effective activities can't be made into statistics. A single conference with key officials may be far more useful to Washington's welfare than the distribution of a thousand pamphlets; testimony before Congressional committees and data inserted in the *Congressional Record* may prove decidedly more resultful than a lecture to scores of individuals; our two prostitution surveys aided importantly in efficient law enforcement; and other committee and individual projects have been similarly valuable."

Translating these statistics into action, the report tells of adjustment of family problems aggravated by war, teamwork among agencies and workers for better health, and general encouraging progress in the Capital City. Important social hygiene events of the year with which the Society has been concerned included:

Establishment of a 100-bed Rapid Treatment Center for Venereal Diseases at Gallinger Hospital, and assistance with rehabilitation of patients.

Continued cooperation of Washington pharmacists—"All druggists are supplied with the Society's pamphlets for distribution and many of them send perplexed customers to our offices for counsel. Five such clients were referred to us one recent week."

Library and reference services, both in cooperation with the D. C. Public Library and directly—"One day brought us queries from two members of Congress, the Corporation Counsel's Office, two editors, and Haskins' Information Service."

Improvement in public school social hygiene teaching "both in quality and quantity" and as well in parent-teacher association activities.

As to the prostitution racket:

"Steady police pressure and better teamwork of courts, prosecutors, and police against commercialized prostitution have produced notable improvement in Washington status this past year. Recent undercover studies evidence a great decrease in solicitation and other aspects of "the vice racket." The District of Columbia now is numbered among the nation's cleaner communities in so far as commercialized prostitution is concerned. But another difficult problem—that of the 'amateur pickups' or socalled Victory Girls—still is far from being solved. It's not primarily a police problem but, as has so often been pointed out, an all-community job on which home, school, church, and social agencies must continue to work. It's a task not only 'for the duration' but for a long time thereafter."

In building bulwarks against delinquency, Washington has made definite progress—

"Recreation and police authorities have increased their aid to youth; churches and other character-building forces have stepped up their efforts; the D'Alesandro hearings furnished a considerable degree of publicity and direction; and parent-teacher associations have used their forums and meetings to support the entire program. Many from the Society's Board and committees have served on and with these advisory groups and have furnished expert testimony on items in our field. All in all, both in understanding and in doing, Washington has made real strides towards securing a more wholesome atmosphere for its growing youth."

Officers and board members of the Society are:

President, H. H. Hazen, M.D.; 1st Vice President, Rhoda J. Milliken; 2nd Vice President, Albert W. Atwood; Secretary, Mrs. Lawrence Martin; Treasurer, George W. Creswell, M.D.

Board members: Birch E. Bayh, R. G. Beachley, M.D., James V. Bennet, Fay L. Bentley, Mrs. Evelyn Bright Buckley, Edith Seville Coale, M.D., Paul B. Cornely, M.D., Mrs. Henry Grattan Doyle, Lewis C. Ecker, M.D., Mrs. P. C. Ellett, V. L. Ellicott, M.D., Dorothy Boulding Ferebee, M.D., Russell J. Fields, M.D., James Harold Fox, William P. Herbst, M.D., M. W. Ireland, M.D., F. H. Kenworthy, Elizabeth Kittredge, M.D., Robert Scott Lamb, M.D., Mrs. Julius Lansburgh, William J. Mallory, M.D., Benjamin M. McKelway, Watson B. Miller, Beatrice Mullin, Ella Oppenheimer, M.D., Winfred Overholser, M.D. Mrs. Eleanor Patterson, Merlo J. Pusey, Mrs. Stanley Reed, Vincent Saccardi, Esther Scott, D. L. Seckinger, M.D., Mrs. Walter S. Ufford, Lida J. Usilton, R. A. Vonderlehr, M.D., Mrs. Eleanor N. Walker, W. W. Wheeler, Mrs. W. W. Wheeler, G. C. Wilkinson.

Committee members and consultants: Mrs. M. Virginia Allan, Mrs. Susan Baker, Lillian Bischoff, Gertrude Bowling, Rev. Warren G. Bowman, Roscoe Brown, M.D., Sarah Brown, M.D., W. A. Browne, M.D., Inez L. Cadel, W. W. Cardoza, M.D., Mrs. Mildred Carr, Morris Chase, M.D., Valerie Chase, Virginia Clary, Margaret Cummings, Hugh J. Davis, M.D., A. Madorah Donahue, Linn C. Drake, Charles F. Farmer, C. Wendell Freeman, M.D., Roland Gable, M.D., Bea Gelbman, F. G. Gillick, M.D., Donald Gray, Elizabeth Harvey, E. B. Henderson, Clara Herbert, A. Katharine Davis, Gwen Hurd, Melvin P. Isaminger, J. Bay Jacobs, M.D., Frank Jones, M.D., Grace G. Keech, Mrs. Chastina Kendall, Mrs. Mildred Kilinsky, Gertrude Koeneman, Mrs. Blanche LaDu, Wilbur LaRoe, Mrs. Frank Linzel, Margaret Ludden, Mrs. Marjorie N. Mayer, Rev. Francis McPeek, Lucia Murchison, Florence Murray, James A. Nolan, Mrs. H. Norman, Mrs. Katharine Norton, Mrs. Virginia O'Dell, Sidney Olansky, M.D., Mrs. Margaret Osterman, Mrs. Josephine Prescott, Mrs. Alice Sheldon, Alexine Tanner, Wm. Charles White, M.D., Theodore Wiprud, Linda Woods.

**Kentucky Association Holds Annual Meeting.**—The Kentucky Social Hygiene Association held its annual meeting at the Brown Hotel in Louisville on June 7th. A luncheon meeting presided over by Dr. L. E. Smith, the Association's President, was followed by a business session and the election of officers for the coming year, after which Mrs. T. Grafton Abbott, Educational Consultant for the American Social Hygiene Association, spoke on *Youth Problems in Wartime*. Members of a panel discussing the problems set forth by Mrs. Abbott included Mr. H. V. Bastin, Superintendent Ormsby Village; Mrs. Hugh R. Leavell, Chairman, Council of Social Agencies; Lt. William G. Kiefer, Superintendent, Crime Prevention Bureau; Mrs. Theresa Mason, Chief Probation Officer; and Miss Elizabeth Wilson, Coordinator, Louisville Service Club.

Doctor John R. Pate was elected President of the Association, with Mr. H. V. Bastin and Mrs. J. E. Glass as first and second Vice Presidents respectively. Miss Margaret Flynn was elected Secretary and Miss Doris Chandler, Treasurer.

**Massachusetts Society for Social Hygiene Holds Annual Meeting.**—June 23 was the date of the Society's annual get-together and business meeting, held at the College Club in Boston. Principal speaker was Ray H. Everett, Executive Secretary of the District of Columbia Social Hygiene Society, his subject being *Current Adventures in Social Hygiene*. This was the second public meeting of 1944 for the Society, an unusually successful Social Hygiene Day Conference having been held in February.

Dr. George Gilbert Smith, who reported on the year's activities, was re-elected president of the society and others named officers were Mrs. Harry C. Solomon of Jamaica Plain, vice-president; Mrs. Evangeline H. Morris of Wellesley Hills, secretary, and William Wadsworth of Concord, treasurer.

Named to the executive committee were the Rev. Paul Harmon Chapman, Winchester; Dr. Oscar F. Cox, Brookline; Dr. Ernest B. Howard, on military service; Dr. John B. Hozier, Brookline; Dr. Harold L. Leland, Lowell; Dr. Robert Sterling Palmer, on military service, and Mrs. Eva Whiting White, Boston.

Directors, Mrs. Augustus Hemenway, Readville; Mrs. William A. Hinton, Canton; Reuben L. Lurie, Brookline; Dr. Alonzo K. Paine, Boston; Richard C. Paine, Brookline, Clifton T. Perkins, Melrose; the Rev. Dr. Palfrey Perkins, Boston; Gilbert H. Roehrig, Auburndale; Miss Marion E. Rowe, Cambridge; Dr. A. Warren Stearns, Billerica; Dr. Edward C. Sullivan, Springfield, and Mrs. White.

The Society has recently added to its staff as Assistant Executive Secretary Miss Frances R. Hecht, who comes to the social hygiene field following case work in the Boston Dispensary Skin Clinic and Massachusetts Memorial Hospital with basic training in medical social work at Simmons College. Mrs. S. W. Miller continues as Executive Secretary, with Dr. Helen I. D. McGillicuddy as Educational Secretary, Lester W. Dearborn as Chief Consultant and Mrs. Katharine W. Lewis, Office Secretary.

**Michigan Establishes Bureau of Venereal Disease Control.**—The work of venereal disease control previously conducted by the Michigan State Department of Health through its Bureau of Epidemiology has now been established as a separate bureau. The new bureau is under the direction of two representatives assigned by the U. S. Public Health Service—Dr. Nobel W. Guthrie, as Director, and Dr. John Lincoln, Assistant Director. P. A. Surgeon Weber of the USPHS, previously in charge of the Michigan State VD Program, has been transferred to a new assignment in the State of California.

Dr. William DeKleine, formerly of the American Red Cross, is the newly appointed Commissioner of Health, succeeding Dr. H. Allen Moyer, deceased.

**New York: Institute at Skidmore College.**—The State Committee on Tuberculosis and Public Health of the New York State Charities Aid Association held an institute for new staff members at Skidmore College, Saratoga Springs, on June 9th-30th. During this period those in attendance from both County Tuberculosis and Health Associations and the State Committee had an opportunity of reviewing the latest information and materials on the eradication of tuberculosis and the venereal diseases.

Mr. George J. Nelbach, Executive Secretary of the State Committee, presented the plan and purpose of the institute. Other speakers included Mr. Frederick D. Hopkins, Executive Secretary, Doctor William A. Doppler, Director of Industrial Relations, and Mr. Holland Hudson, Director of Rehabilitation, all of the National Tuberculosis Association; Dean Margaret Bridgman of Skidmore College, Miss Kathryn Starbuck, the College Secretary, and Doctor Claire Amyot, the College Physician; Doctor James H. Lade, Director of the Division of Syphilis Control, and Doctor Edward X. Mikol, Division of Tuberculosis Control, both of the New York State Health Department; Doctor George Bachr, Member of the State Public Health Council and of the ASHA Board of Directors, Mr. Robert Osborn, Assistant Executive Secretary, and Mrs. Marie Warner Anderson, Christmas Seal Sale Director, both of the State Committee. Miss Hazel Hart of the State Committee was Director of the Institute.

Registrants also attended sessions of the Annual Conference of Health Officers and Public Health Nurses held in Saratoga Springs on June 27th and 28th and made field trips to the Saratoga County Tuberculosis Hospital and to the Mount McGregor Sanatorium of the Metropolitan Life Insurance Company. A showing of health movies was arranged by Miss Hanora McDonald, Executive Secretary of the Saratoga County Tuberculosis and Public Health Association, who also joined with Mrs. Iva Holmes of Fulton County, Mrs. Iva Thompson of Schenectady County, Mrs. Marian Fahey of Washington County and Miss Dorothy Yeakel of Washington County in putting on a round table program of *Tips to New Workers*.

**Oklahoma Social Welfare Association Holds War Conference.**—Social Hygiene was a featured subject at the Oklahoma Association's annual meeting held in Oklahoma City June 14th to 17th. A session of the health section was held on the subject of *Social Hygiene After the War*, Mr. Bascom Johnson, ASHA Director in charge of the Dallas Office, delivering the principal address. He developed the subject on the basis of four questions: (1) What ought the program to be? (2) What is it now? (3) What are we likely to lose if we relax? (4) What must we do to *keep and add to our gains?* Chairman of the session was Mr. L. M. Jones and discussants were:

Dr. Charles B. Taylor, Oklahoma City-County Venereal Disease Clinic; Mrs. Eileen Harrison Wilson, Social and Mental Hygiene Director, Oklahoma County Health Association; Mr. John Cantrell, State Department of Health; Mr. C. O. Rogers, American Social Hygiene Association; Mr. John Hall, American Social Hygiene Association.

Following Mr. Johnson's speech the Health Section went on record as supporting expansion of a state-wide social hygiene program with a view to securing

"a. Venereal disease to be defined, by law, as infectious and communicable, and therefore subject to quarantine as other contagious, infectious and communicable diseases now are. VD is not now so defined." Presented by John Cantrell, State Health Department.

"b. A premarital law, demanding freedom from venereal disease before issuance of license."

"c. Prenatal examination law to assure healthy births.

"d. Revitalization of the State Social Hygiene Association to sponsor such bills, and others as needed, and to aid in such revisions, innovations, etcetera, as:

1. Crime prevention bureau as part of police department, to include Women's Police Division.
2. Detention Home for Juveniles under qualified trained supervision.
3. Children's Court or its equivalent, apart from other court, manned by well-qualified judge and competent, trained probation officers, serving under Civil Service, and not answerable to politicians.
4. Stimulation of Congressmen and State Legislators to see that Federal and State appropriations are maintained after the war, and not lopped off in the post-war economic retrenchment urge.
5. Sex education in schools, to be taught by qualified teachers, as a part of long-range program for prevention and control of venereal disease.
6. Punishment of parents guilty of willful neglect which contributes to juvenile delinquency and anti-social traits."

**Puerto Rico: U. S. Army Librarians of Antilles Department Hold Conference.**—*Books for the Citizen Soldier: the library's part in returning the soldier to private life a better equipped citizen*, was the subject of a three-day Conference held in San Juan, Puerto Rico, April 11-13, under the auspices of Army Special Services and the direction of Miss Agnes D. Crawford, Department Librarian. Librarians of the Department's staff from various posts in the Caribbean Area joined with Puerto Rican librarians and represen-

tatives of other agencies in hearing a notable group of speakers, which included Lt. Col. Ray L. Trautman, Director of the Army Library Service, Washington, D. C., who spoke on *The National Army Library Program*, Dr. José M. Gallardo, Puerto Rican Commissioner of Education, on *Education Problems Inherent in Bilingualism* and Mr. Arturo Morales Carrión, Director, University of Puerto Rico Exchange Center, on *Puerto Rico—A Stepping Stone Between Two Cultures*.

Other topics and speakers were: *Morale, the Soldier and His Future*, Col. G. C. Bunting of Personnel; *Training the Soldier to Think*, Col. S. E. Stancisko, of Plans and Training; *Informing the Soldier*, Lt. Eugenio Rivera, Special Service Officer, Camp O'Reilly; *British Libraries in the Caribbean*, Dr. Helen Gordon Stewart, Librarian; *Shifting Library Emphases in the Caribbean*, Miss Crawford; *Interesting the Spanish Speaking Soldier in Reading*, Miss Luz M. Antique, Base Librarian; *Contemporary Latin American Authors*, Mrs. Katherina Keelan López, Post Librarian; *Supply Procedures*, Major George G. Friedman, Executive Special Service Officer and Special Service Supply Officer; *Importance of Coordinating All Morale Agencies*, Lt. Col. Selby H. Buck, Department Special Service Officer; *Education, the Soldier and the Home*, Mr. Moe Frankel, Director, Red Cross, Antilles Department (see page 325); *Recreation for the "Off-Duty" Soldier*, Mr. Conrad Van Hyning, Director Caribbean Area, Community War Services, and *The University Library Goes to War*, Mr. Thomas Hayes, Librarian, University of Puerto Rico.

Capt. John P. McKnight, Assistant Special Service Officer, Antilles Department, served as co-ordinator for the events, which were held at the auditorium of the Puerto Rico Athaneum, with luncheon sessions each day at the USO building. Miss Jean B. Pinney attended for the ASHA.

**Texas: Dallas Extends VD Educational Campaign.**—With the slogan *The People Must Know—VD Must Go*, the Dallas Venereal Disease Educational Program which swung into action early in March, under auspices of the Dallas Chamber of Commerce is being extended indefinitely in some of its aspects. Like New Orleans, St. Louis and other cities where similar programs have been undertaken, Dallas finds that the demand for lectures, films and educational materials stimulated by the intensive campaign calls for continued service.

The Dallas Program, of which William S. Henson is chairman and Z. E. Black, Secretary, utilizes a wide variety of educational methods and literature. Outdoor billboards, both large size and smaller ones stationed at various sidewalk locations, headed the list of display advertising, with numerous smaller advertisements appearing in Dallas newspapers. The local papers also ran special feature articles, editorials and news items concerning the campaign. Boy Scouts stuck some 1500 small stickers *Stamp Out Venereal Diseases on*

parking meters, and these also were affixed to dressers and mirrors in hotel bedrooms and bathrooms, on vending machines, et cetera. Larger gummed stickers printed in red, white and blue, urging the reader to seek treatment "if you think you have been exposed" were widely distributed in washrooms and toilets in war industries, hotels, bus and railway stations, courthouse, city hall, business establishments, including the Negro district. A small folder, entitled *News about Syphilis and Gonorrhea*, was enclosed with 50,000 bills sent out by the Dallas Water Department.

Active in the campaign were a large number of community and group agencies, including churches, Sunday schools, high schools, parent-teacher associations, and Dads' Clubs. At the close of the first month, over 25,000 persons had attended lecture or film programs and over 325,000 pieces of literature had been distributed. Church groups and agencies were particularly vigorous in participation, a special religious committee heading this effort. The Dallas Council of Church Women was the first organization to request a speaker and film.

The Program is being conducted in cooperation with the local Health Department, the Texas State Health Department, U. S. Public Health Service and Dallas County Medical Society.\*

**Washington: Social Hygiene Societies Hold Annual Meetings.**—The Washington State Social Hygiene Association and the Seattle-King County Social Hygiene Society held a joint annual dinner meeting—the first for both these new groups—on Thursday, June 29th, at the Gowman Hotel in Seattle. Guest speakers were Lt. Commander A. N. Johnson, V.D. Control Officer, 13th Naval District; Capt. H. Swerdloff, V. D. Control Officer, Fort Lawton; and Dr. Harold L. Lawrence, Surgeon, United States Public Health Service. Miss Honoria Hughes, Executive Secretary of both the state and the county societies, was in general charge of arrangements.

\* See frontispiece photograph.

## NOTES ON INDUSTRIAL COOPERATION

PERCY SHOSTAC

*Consultant on Industrial Cooperation, American Social Hygiene Association*

### "SOMETHING NEW HAS BEEN ADDED" TO THE NATIONAL SCENE

Something new was added at the 71st National Conference of Social Work—labor participation. In the opinion of most of those present in Cleveland during the week of May 21 to 27, the extensive participation of labor at the sessions promises new vitality in the health and welfare field. With such an attitude keynoting the Conference, the ASHA's program for reaching large groups of industrial workers in cooperation with the trade unions fitted very well into the picture.

At a well attended special meeting on "*New Contributions of Powerful Allies to Social Hygiene*" the Association's industrial program, outlined in the May issue of the JOURNAL, was presented along with reports on activities among pharmacy and Negro groups. Throughout the week, the Association's lively exhibit was constantly besieged by interested delegates, who carried away with them quantities of social hygiene literature. Meanwhile, ASHA representatives attended a number of Conference sessions, renewed many old friendships, and made many new acquaintances especially among labor people.

Among the speakers listed in the 95 page official conference program, the names of at least 20 labor leaders appeared. Fourteen of the scheduled meetings concerned themselves with labor attitudes and were participated in by trade unionists as speakers or principal discussants. A general session held at the Cleveland Music Hall on the evening of May 24th with an attendance of 3,000 was devoted to *The Social Responsibility of Labor in Postwar Society* with Matthew Woll, chairman of Labor League for Human Rights (AF of L National War Relief Committee) and Irving Abramson, chairman of the National CIO War Relief Committee, as speakers. Of six sessions listed under the general division of social action, five were addressed by one or more labor people and labor was represented in the divisions of group work, case work and community organization.

In these various meetings it was asserted that labor and social work are striving for the same objectives; that organized labor, spokesman for thirteen million members and their families and also the articulate representative for all men and women who work, must have a voice in the planning and policy making of welfare and health agencies now and during the postwar period; that labor and the voluntary agencies working together for common ends can make a powerful team for accomplishment.

Elizabeth Wisner, Dean of the School of Social Work, Tulane University, and president of the Conference, was outspoken in voicing similar opinions. Douglas P. Falconer, executive director of United Seamens Service said that social welfare and health work had been missing the boat, that it would not come to maturity until it had established a vital working relationship with organized labor.

To complete the Cleveland picture, it is interesting to note that the Labor League for Human Rights under the chairmanship of Abraham Bluestein was holding its annual national staff meeting during the Conference sessions. We were fortunate in being able to present the ASHA industrial program before the 35 staff members of the AF of L National War Relief Committee. This group, operating throughout the country, enthusiastically promised to do its utmost to help launch our trade union program against VD.

#### IN THE "OLD DOMINION"

The feeling that we got at the National Conference of Social Work of being in the groove in our work with the trade unions, was heightened in Virginia when we participated in a two-day conference on industrial health (June 8 and 9) arranged by the Richmond Community Council in that city under the leadership of Dr. Fred J. Wampler, Professor of Preventive and Industrial Medicine at the Medical College of Virginia. The dinner session of this Conference, at which we presented the industrial health committee plan based on the Fort Greene, Brooklyn demonstration, was an impressive gathering, with more than 175 present: industrialists, plant physicians, representatives of the Community Council and the health and welfare agencies and labor.

Our presentation pointed out that some of the methods the American Social Hygiene Association is developing in the industrial field are based on experiences gathered in recent years by the large fund-raising organizations; the need for employee management teamwork, the need to work with the trade unions, and the effectiveness of a single drive for all purposes which in the health field would mean the effectiveness of including VD as part of a comprehensive health education program. These ideas were well received but were helped considerably by the endorsement and backing of the two discussants who followed: E. B. Pugh, Regional Director for the CIO and T. B. Farmer, Virginia Regional Director for the Labor League for Human Rights (AF of L).

Richmond is not as yet a strong trade union town but the labor movement is growing and is already an important factor in the local welfare and health set up. The CIO, AF of L and Railroad Brotherhoods are working together harmoniously on many issues and, organized into a special committee, played an important part in the last fund-raising campaign of the Richmond War and Community Fund. The *Labor Herald*, official weekly newspaper of the local AF of L has just completed publication of Dr. Clarke's series of seven articles *Unite Against VD*. All the labor groups are

anxious for us to start our *Labor vs VD* campaign and are heartily in favor of an industrial health committee in Richmond. Good relations exist between organized labor and the local Tuberculosis Society, the Cancer Foundation and the public health people. In fact social workers, nurses, and workers with public and voluntary health agencies all showed a sympathetic awareness of the importance of the trade unions which was quite in line with the conclusions drawn at the Cleveland National Conference, i.e., that organized labor is adding something new to the health and welfare picture.

#### ON THE WEST COAST

In the March issue of the *Social Hygiene News* we described the Bay Area Union Health Conference held in San Francisco on January 16th. This Conference which gave consideration to health problems from the trade union point of view was sponsored by the California Social Hygiene Association, the San Francisco Medical Society and Public Health Department and other health organizations, and was attended by numerous representatives of AF of L, CIO and Railroad Brotherhoods. At the session free blood tests were provided by the San Francisco Health Department and an exhibit on venereal diseases was displayed.

We are happy to report that breaking the precedent of so many excellent conferences, the problems and decisions reached at this one were not filed for reference and left to gather dust. The Northern California Union Health Committee was established and is now carrying out the resolutions and recommendations adopted at the Bay Area Conference. This California Union Health Committee will act as a clearing house for material and information; through union committees already in existence will integrate and make available to unions the work of large lay organizations and medical agencies; will release weekly health articles to union publications reaching 200,000 people; will facilitate the work of labor with management and government agencies upon health education projects; will act as an over-all service committee in matters of health and safety for union men and women.

The fight against the venereal diseases will not be neglected by this promising group in California. The first item on its program is concerned with the initiation and sponsorship by all trade unions of mass examinations for syphilis and mass x-ray surveys for tuberculosis. The program, in addition to its resolutions on public health, includes items on nutrition, on health insurance and on industrial health. In the words of Dr. Ray Lyman Wilbur, Chancellor, Stanford University and President of ASHA, "This effort is a pioneer activity on the part of the unions directed toward better health and participated in by the important health organizations of the community."

Concurrent with the formation of the Northern California Union Health Committee a labor school has been organized in San Francisco

which among other subjects will emphasize the part that the trade unions must take in providing health protection for their members and the community.

That the West Coast is on its toes in regard to the health protection of its industrial workers is further attested to by the notable VD educational program for shipyard workers being carried on in Portland, Oregon, under the leadership of David L. Piper, Administrative Assistant, U. S. Public Health Service with Division of VD Control, Oregon State Board of Health. Four major Portland shipyards employing some 85,000 workers are currently participating in this project. The readily available materials, i.e., pamphlets, posters, washroom cards, etc., are being generously employed, but the focal point of the campaign is the endeavor to assemble the workers in conveniently small groups for open discussions of the problem.

We understand that a two-person team of VD educators has to date reached a large proportion of the participating employees. The most practical method of getting to the workers was found to be through the training courses given by the shipyards to new employees and to those desiring more skilled jobs. It is particularly interesting that the Portland shipyards cooperated in establishing these VD educational periods on company time as part of their training classes, paying the workers the regular 95 cents an hour while attending the programs.

The programs last from 45 minutes to an hour, with attendance varying from 40 to 80. Each session begins with a general introductory talk by a woman health educator, and is followed by the long version of the U. S. Public Health Service film, *Fight Syphilis*. A male health educator then invites questions, and a general forum discussion is so directed as to stress the advisability of blood tests and the facilities for obtaining treatment and prophylaxis.

## BOOK REVIEWS

### Books of General Interest

PROCEEDINGS OF THE NATIONAL CONFERENCE OF SOCIAL WORK—1943, Selected Papers Seventieth Annual Meeting War Regional Conferences, New York, St. Louis, Cleveland. Columbia University Press, New York. Editorial Committee: Florence Hollis, New York City; Edwin Fells, Chicago; Cordelia Trimble, Washington, Chairman; Howard R. Knight; Russell H. Kurtz; Fred K. Hoehler, members *ex officio*. 491 pages.

As stated in the Foreword of the *Proceedings*, the selection of papers for this volume was made under exceptional circumstances. Difficulties of wartime transportation brought about the division of the usual large meeting into three regional events in 1943, and at the last moment it was found necessary to cancel the final series, scheduled for Cleveland. Other difficulties, such as wartime restrictions on paper and printing, naturally applied to the *Proceedings* and some of the papers have had to be presented in less than their original length. However, the volume is all the more appreciated and the Editorial Committee has done an excellent job in bringing together the 45 papers published. Among those which will especially interest social hygiene workers are:

*The Impact of the War on Marriage Relationships*, Florence Hollis; *Helping to Prevent Sex Delinquency*, Elsa Castendyck; *The Prevention and Treatment of Juvenile Delinquency in Wartime*, Mary L. Gibbons; *Organizing the Community for Health Protection in Wartime*, Dean A. Clark, M.D.; *Social Problems Created by the Mobilization of Manpower in a War-Industry Community*, W. Earl Prosser; *Problems of a Postwar World*, Max Lerner; *Over-all Postwar Community Planning*, Elwood Street.

The arrangement of these papers under a series of explicit headings helps in attracting the eye. Among these are: *Manpower to Win the War*; *Social Work and War*; *Social Security—Now and After the War*; *Social Work and*

*Postwar Planning*. A series of appendices describing the Conference Programs, the Officers and Committees for 1943 and 1944, the General Secretary's Report, and Constitution and By-laws together with a list of contributing authors and a comprehensive general index complete this useful reference volume.

JEAN B. PINNEY

HEALTH INSTRUCTION YEARBOOK—1943.

Compiled by Oliver E. Byrd, Ed.D. Foreword by Ray Lyman Wilbur. Stanford University Press. 308 pp. \$3.00.

This is the first in an intended annual series of yearbooks for the "use of teachers of hygiene, school nurses, school administrators, and all others who desire to know of the developments in the field of health." Compiled by the Director, Division of Health Education, of the Stanford University School of Health with a foreword by Stanford's Chancellor, it is a textbook for reference use in dealing with current experience, discovery, and research in the fields of public health, medicine and allied services.

The Table of Contents lists twenty divisions of interest. The chapters are in turn divided into a total of 300 abstracts dealing with a range of subjects from *Improved Health Conditions in 1930-1940 Decade to American Health Developments During 1942*.

To the public health worker interested in social hygiene as well as the teacher, information of value which can be put to practical use is to be found in sixty-two different pages of special reference to venereal disease control, syphilis, gonorrhea, health of Negroes, Army health, Navy health, industrial health, Wassermann test, sex education, and family health. These references exceed those on any other subject, followed, as was to be expected, by tuberculosis, mental health, dental care, food and nutrition, cancer, and care of the eyes, ears and feet.

The information given is brief with the source reference indicated in a bibliography. The book should be a library "Must" for any individual or organization vitally concerned with up-to-date knowledge in a field in which development is rapid and fresh facts and opinions are needed to enrich discussions of current health issues.

RAYMOND H. GREENMAN

**AMEN, AMEN.** By S. A. Constantino. New York, Harper, 1944. 186 pages. \$2.00.

In this slender volume a young Navy flier sets forth his views on God, the hereafter, ethics, sex, labor relations, and a variety of other subjects. Using current idioms and modern advertising punch-lines to expound his philosophy, he crusades for a renaissance of Christianity and a more general adherence to the Ten Commandments and the Golden Rule. Some of his abstruse reasoning is pointed up by such everyday incidents as the baking of a cake, or Joe DiMaggio knocking a two-bagger.

There is a forthrightness and sincerity in the book that makes it readable and interesting. We are not enough of a dialectician to attempt picking flaws in his efforts to rationalize phenomena which many think metaphysical, but we are wholly with the author in his thesis that the U. S. and the rest of the world stand to gain immeasurably through cooperative thinking and living. He has a message well worth your reading.

His chapters on sexual promiscuity and the venereal infections are potent jeremiads, exhorting his readers to right living, both as a deterrent to unhappiness and disease, and as the decent thing to do for societal and individual improvement. At times his tones are strident, but so are the jazz and jitterbug social cacophonies that he is arguing against.

RAY H. EVERETT

**PROCEEDINGS OF THE HEALTH AND WELFARE INSTITUTE, CLEVELAND, OHIO, FEBRUARY 25, 1944.** Compiled by the Department of Public Relations, Welfare Federation of Cleveland. 206 pages. \$1.00. Mimeographed.

Over 2,000 persons attended this one-day meeting arranged by Clevelanders for Clevelanders, the second annual

event of its kind in that city. Looking over the list of topics, it is easy to understand the Institute's success. A few: *The Service Man in War and Peace; Accent on Youth; Postwar Planning for Community Welfare; Job Placement for the Returning Service Man; Returned Service Men in Civilian Life; Maintaining Mental Equilibrium; Children in Wartime; The Leisure Time of the Child and Youth; Everyday Problems Affecting Juvenile Delinquency; Developing Interracial Understanding in Cleveland; Women in Industry After the War; Better Neighborhoods and How to Get Them.*

Of special interest to social hygiene workers will be the accounts of the session on *Health in Wartime and Afterwards*, which included an address by Dr. Roy L. Kile, on *Venereal Diseases—No. 1 Health Problem in Wartime*, the panel discussion on *What Everyone Should Know About Health*, with Howard Whipple Green as chairman and twelve five-minute papers by a carefully chosen group, and the round-table on *Sex Education—Wise or Otherwise*, with Mrs. Elva Horner Evans as chairman. Participants in all sessions were workers actually on the job in Cleveland, who knew the problems they were discussing from first hand experience.

A special feature of the Institute was the Annual Luncheon Meeting of the Cleveland Welfare Federation, attended by 1,200, and addressed by Robert P. Lane, Executive Director, Welfare Council of New York City, who took for his subject, *Divided We Stand Still—United We Move Forward*.

Several pages of *Conclusions requiring action or attention* complete a decidedly worthwhile record of an outstanding community event.

JEAN B. PINNEY

**HEALTH EDUCATION ON THE INDUSTRIAL FRONT.** The 1942 Health Education Conference of the New York Academy of Medicine. Columbia Union Press, 1943, 63 pages, \$1.25.

This well printed little volume, with an introduction by Dr. Iago Galdston, gives permanent form to the five papers delivered at the 1942 Health Education Conference of the New York Academy of Medicine and includes the address of welcome by Dr. Malcolm Goodridge

and the introductory comments by Dr. Donald B. Armstrong. The papers highlight some of the industrial health and hygiene problems in war production industry and present practical experiences and the medical approaches in the fields of nutrition promotion, the control of physical illness, the restriction of mental disabilities and the limitation of accidents. Dr. Leonard Greenburg, Executive Director, Division of Industrial Hygiene, New York State Department of Labor, mentions gonorrhea as one of the communicable diseases which are "no longer a challenge to the ability of the health officer, but rather to the finance board of the community." Dr. Lydia G. Giberson, Psychiatrist for the Metropolitan Life Insurance Company, in an excellent essay on *Mental Problems and Morale in Industry* lists sufferers from syphilis as well as brain tumor, epilepsy and cerebral accidents, as belonging to the group in which accidents are most

likely to occur. It is regrettable that the problem of VD control in industry was not given specific consideration despite the conference's one day time limitation.

The publication of this book is symptomatic of the growing concern of the medical profession, public health officials and health educators with the need for better health among industrial workers. Perhaps because this New York Academy conference took place in 1942 the emphasis was almost exclusively on the medical aspects of the problems discussed. No educational programs are outlined. The importance of employee and trade union participation in achieving health consciousness in industry is not brought forward. This is something new that is being added in 1944 and which, in our opinion, holds the key to progress in the industrial health field after the war.

PERCY SHOSTAC

### Books on Sex Education, Marriage and Human Relations

TEACHERS FOR OUR TIMES, A Statement of Purposes by the Commission on Teacher Education, American Council on Education, Washington, D. C., 1944. 200 pages. \$2.00.

This book is announced as the first in the series of final reports of the Commission on Teacher Education. The volume is organized under four chapters, as follows: *Chapter I—The American Teacher*, Extent of the teaching profession; characteristics of the teaching profession; institutions that prepare teachers; certain emphases of preservice education; aspects of education in service; the Commission's purpose. *Chapter II—Our Country, Our People*, The American faith; national problems and demands they make upon us; some implications for the individual; summary. *Chapter III—Our Children, Our Schools*, America's children; scope of our schools; responsibility of our schools; American schools for our times; summary. *Chapter IV—Teachers for Our Times*, Participants in teacher education; problems of goal setting; qualities needed in teachers; conclusion. Throughout, the Commission undertakes to deal with two questions: first, what is the social significance of teaching and teacher education? and second, what are the qualities that should be sought for in teachers

who are to guide the nation's young people during the generation that lies ahead? Teacher education cannot be planned except in the light of purpose, the purpose of teacher education is to produce good teachers, excellence in a teacher is relative to the tasks that he ought to perform, and those tasks should be determined with reference to the changing needs of children and the society in which the teaching is to be done.

The Commission, established early in 1938, completed most of its field work by June 1942 and the reports now in preparation are the results of the participation through the three-year period of some fifty colleges, universities, and public school systems in a cooperative study of teacher education. Members of the Commission are: E. S. Evenden, Chairman; Ralph W. Tyler, Vice Chairman; Harold Benjamin; Harry M. Gage; Charles W. Hunt; Fred J. Kelly; Shelton Phelps; Payson Smith; Mildred English, Helen Hay Heyl; Harold E. Jones; Lewis Mumford; W. Carson Ryan; Alexander J. Stoddard; Frank W. Thomas; George F. Zook, *ex officio*; and Karl W. Bigelow, Director. Mr. Bigelow served as interpreter of the views of the Commission in *Teachers for Our Times*.

JEAN B. PINNEY

A GUIDE FOR A MAN AND WOMAN LOOKING TOWARD MARRIAGE. By Roy A. Burkhardt. Heathside Press, Flushing, L. I., N. Y. 1943. 62 pages. 10 cents.

The author, an eminent Ohio minister and Marriage counsellor, is well known for his book, *From Friendship to Marriage*, and other writings. This new booklet sustains the promise of the previous works and adds a useful item to the literature on this important subject. The style is popular and intended to catch the attention of lay readers, but the scientific basis is sound and the facts accurate. Attractive format and care with printing details makes this little guide well worth inclusion in public library collections.

M. A. BIGELOW

THE FAMILY TODAY: A CATHOLIC APPRAISAL. Family Life Bureau, National Catholic Welfare Conference. Washington. 1944. 164 pages.

Twenty-three papers presented at a Conference on the Family, held at the

Catholic University of America on Feb. 29, March 1, 2 are published in this volume. While religious considerations are to the fore, there are some good statistical summaries on birth rates and population trends, divorce and juvenile delinquency, which will be useful to all students.

One of the most interesting papers, by Rev. Thomas P. Ryan, describes the Diocesan Matrimonial Clinic, established 18 months ago at Wichita, Kans. Its personnel (all Catholic) includes a doctor, lawyer, priest, banker, psychiatrist, registered nurse, and social worker. Most of its clients have been non-Catholics and local courts as well as social agencies and professional men are referring persons to it. Services are free; the procedures used are described in some detail.

(Review reprinted from the *Monthly Service Bulletin* of the American Institute of Family Relations, Los Angeles.)

### Books on Law Enforcement, Legislation and Social Protection

PREVENTION OF PROSTITUTION. *A Study of Measures adopted or under consideration particularly with regard to minors by the League of Nations Advisory Committee on Social Questions*. League of Nations Publications IV Social 1943 IV 2. Official No.: C. 26, M. 26, 1943 IV.

This is a 160-page report with two annexes, totaling 22 additional pages. It was completed and "considered by the Committee" just prior to the outbreak of the present war with the exception of the final chapter 6 entitled *Conclusions and Recommendations*. This final chapter was prepared by Mr. S. Cohen (since deceased), General Secretary of the British Jewish Association for the Protection of Girls, Women and Children, corresponding member of the Committee, who acted as Rapporteur for the Committee.

"When a plan of work was drawn up in 1938, the Committee decided that a study should be undertaken with the collaboration of the International Labour Office and of two experts who had taken part in the work of the Advisory Committee. The present document therefore includes a chapter (Number 3) supplied by the Interna-

tional Labour Office on the moral protection of young women workers and chapters (2 and 5) supplied respectively by Dr. Tage Kemp on the physical and psychological causes of prostitution and Dr. Cavaillon on the reduction of demand. A paper read by Dr. Kemp at a meeting of the Advisory Committee in 1939 on certain practical results arising out of scientific investigations carried out by himself and other Scandinavian scientists is given as *Annex I*."

A footnote at the beginning of chapters 2 and 5 states that "the responsibility for the signed chapters of the report is borne by their authors."

*Chapters 1 and 4* are entitled *Introduction and The Protection of Young Girls and Women Against Immediate Causes of Prostitution*, respectively.

*Chapter 1* is a review of the *Development of Prostitution* and measures for attacking it since the beginning of this century, a general statement of the causes of prostitution and of the measures which have been found useful in preventing it. Little or no attempt is made in this chapter to document or support the various statements of fact

made therein or concerning the conclusions reached regarding causes of preventive measures. No reference, for example, is made to the findings of the International Commission to Study the Traffic in Women and Girls in Europe and the Americas, conducted by the League of Nations in 1924-5, nor to the influence of those findings on the subsequent adoption of International Conventions. The causes and preventive measures discussed are mainly those which have been found to exist or to have been tried in Europe. For this and other reasons, social hygienists in the United States will find this discussion somewhat academic, though interesting, and foreign to their experience.

*Chapter IV* deals with measures against *Souteneurs* (pimps), *Means of Propaganda and Enlightenment*, *Age of Consent*, *The Role of Women Police in Preventing Prostitution*, *Railway-station Missions*, *Dangers Facing Unmarried Mothers*, and *Regulations Preventing the Registration of Minor Girls and Their Admission to Brothels*.

Here again many of the conditions and measures discussed are typical of and adapted to Europe rather than of and to the United States of America. This is particularly true as regards the sections dealing with *Souteneurs* and the registration of minor girls as prostitutes. There is, however, much food for thought for Americans in the other sections of the chapter.

*Chapters 2 and 5* deal on the one hand with the physical and psychological causes which influence women to enter prostitution and the means of combating them, and on the other hand with the male demands for prostitution and what can be done to reduce these demands.

The authors of these two chapters are more hopeful of a solution than most scientific men who have studied and written on this subject, though the conditions which they lay down as necessary prerequisites for success do not exist completely anywhere today, and may not come into existence for many years. The following quotations from these two chapters are of special interest:

Dr. Kemp, in speaking of the effect of chronic physical diseases which he finds so common among prostitutes, has this to say: "When a woman who is poor, with no one to support her, and no health or invalidity insurance, de-

velops a serious chronic physical disease, her situation is a difficult one, and she may be forced into prostitution. Compulsory health and invalidity insurance, as well as unemployment insurance, must therefore rank as effective preventive measures against prostitution."

Dr. Cavaillon, referring to the influence on the demand for prostitutes of the encouragement by the state of early marriages, stated: "It is no use encouraging marriage unless, at the same time, young couples are assured that the community will help them to bear the burdens of marriage. Provision must be made for birth bounties, and especially for family allowances; and a 'family policy' must be adopted. Such a policy, however, will not have the slightest effect unless it is comprehensive, covering all points and all questions—agricultural credit funds, tax abatements for large families, national encouragement, benefits for women in childbed and for nursing mothers. In France alone, before September 1939, the expenditure of the State, Departments and communes, amounted to 3,000 million francs, to which must be added another 3,000 millions disbursed by trade and industry.

*Chapter 3* was drawn up by the International Labour Office and deals with measures which exist or are needed for the moral protection of young women workers during Placing, at the Work Place, from the dangers of unemployment, and during their leisure hours.

One measure which is interesting and may be novel to many Americans was adopted by the International Labour Conference in 1933, and has been ratified by five countries to date. "It consists in the complete abolition of all fee-charging employment agencies conducted with a view to profit . . . together with strict supervision of employment agencies not conducted for profit but charging an entrance fee or other contribution to cover their costs."

*Chapter 6, Conclusions and Recommendations*, was not, as has been said above, considered by the Committee. It is not known to this reviewer whether its author, Mr. Cohen, saw the other chapters of the report before he wrote his chapter. It would seem that he had not because his arrangement of material and his conclusions and recommendations are not

in entire harmony with those of the Committee though the difference is not always marked.

He announced at the beginning of his chapter that prostitution has shown a tendency to decrease since the beginning of the present century, and then proceeded to discuss its causes—first its social causes and the consequences of the removal of some of them, and then the individual causes “concurrently responsible for the downfall of prostitutes.” In conclusion he called attention to the more direct measures that should be taken to reduce prostitution “such as the mental examination of minors, the intervention of social services in venereal disease dispensaries and hospitals, the provision of assistance for unmarried mothers, the strengthening of women police forces, and the raising of the age of consent.”

He concluded with the following optimistic forecast: “Without venturing to foreshadow a state of society in which prostitution is unknown, one may look forward to a period during which it will be progressively reduced as a result of increasing consciousness by the individual of his responsibility towards society, of a further development of social services, and of deliberate effort on the part of the authorities to lessen the incidence of prostitution. One may look forward to a world in which prostitution will have diminished to such an extent that it will be regarded as a relic of an uncivilised age, and as a pathological phenomenon rather than as a problem which demands a predominant place in public consideration.”

BASCOM JOHNSON

**“To MAINTAIN LAW AND ORDER . . .”**  
Prepared by the National Law and Order Committee, Executive Section, American Legion. Judge Richard Hartshorne, Chairman. 20 pages. Free on request to American Legion Headquarters, Indianapolis, Indiana.

This pamphlet sets forth the national law and order program of the American Legion and urges comprehensive Legion participation in national, state and community programs aimed toward better medical, legal and rehabilitative measures in social hygiene. Using as an introduction and basis for action the *Resolution* adopted by the National Executive Committee

at Indianapolis on November 18, 1942, which calls for Department and Post support of law enforcement and legislative activities for venereal disease control and repression of prostitution, the Committee states the facts, outlines a program, and indicates *What the Legion Can Do* to cooperate with Army, Navy, Division of Social Protection, Public Health Service and other agencies concerned with these problems in wartime.

Appendices include: Tables showing USPHS figures on prevalence of syphilis among Selective Service Candidates; the 1942 supporting statement of the House of Delegates of the American Medical Association, and the American Social Hygiene Association's three maps showing *State Laws against Prostitution, Premarital Examination Laws and Prenatal Examination Laws*.

RAY H. EVERETT

**UNDERSTANDING JUVENILE DELINQUENCY.** Children's Bureau, U. S. Department of Labor. Publication 300. 1943. 52 p. Superintendent of Documents, U. S. Government Printing Office, Washington, D. C. 10 cents.

This pamphlet is a replacement of Bureau Publication No. 215, issued in 1932 and entitled *Facts about Juvenile Delinquency*. In a foreword Miss Katharine Lenroot, Bureau Chief, says “The report was written by Mrs. Edith Karlin Lesser of the Social Service Division under the general supervision of Elsa Castendyck, director of special services and research section, Social Service Division. It deals with the questions of what causes delinquency, how wartime conditions aggravate some of the underlying factors, and what can be done in prevention and treatment.”

The text starts with a realistic description of the predicament in which three boys with different backgrounds and physical and mental make-ups find themselves when haled into juvenile court for stripping tires off a '42 sports roadster.

The next 15 pages, following these illustrative cases, deal with the *nature, extent, and causes* of juvenile delinquency. It is pointed out that there is no adequate measure of the extent of such delinquency, as the only statistics relate to the number passing through juvenile courts, whereas there

are many thousands of difficult and maladjusted children whose behavior problems are handled by other agencies and never get into court. In summary, it is said: "Such statistics as are available have shown no alarming tendency to increased 'juvenile crime' as newspapers perennially claim;" and again "all that the available figures indicate, however, is that in some communities juvenile delinquency has increased and generally the rate of increase is greater for girls than for boys."

Of those passing through the courts the boys, for the most part, are charged with "stealing" and "acts of carelessness and mischief," whereas the girls—in the ratio of 1-6 to the number of boys—are charged with "running away," "being ungovernable," and "sex offenses."

Among the causes of juvenile delinquency then discussed there are listed the usual ones: Inadequate or broken homes, criminal parents or brothers and sisters or companions; schools geared to the mentality of the average child and unable or unwilling to provide special training for the dull or to hold the interest of the bright—result truancy for both the "kindergarten of crime."

The deteriorated neighborhood "with the greatest amount of social ills—poverty, disease, neglect, family strife, desertion, mental disorders"—in short, slums stand high on the list of breeding places for delinquency and crime.

In conclusion, however, it is pointed out that there is no one cause of delinquency. "There are many contributing causes, and for each child they vary in significance. To understand the delinquent behavior of an individual child it is necessary to learn all about him. We must know about his physical and mental make-up. We must know about the social and psychological forces that have played upon him from the time he was born. Above all, we must know how he *feels* about things, if we are to understand what makes him the kind of person he is and what prompts him to do the kind of things he does."

The next 30 pages of the pamphlet deal with the *Prevention and Treatment of Delinquency* under the titles,—*Preservation of family life, The role of the*

*church in prevention, The role of the school in prevention, Protection from harmful community influences, Recreation and leisure-time agencies, Child guidance clinics, Social services, The police, The Juvenile court, Foster-home care, Institutional care.*

The pamphlet ends with some practical suggestions for the community and its citizens. (See page 501, November, 1943 JSH for quotes.)

BASCOM JOHNSON

#### CONTROLLING JUVENILE DELINQUENCY:

A COMMUNITY PROGRAM. Children's Bureau, U. S. Department of Labor. Publication 301. 1943. 27 p. Superintendent of Documents, U. S. Government Printing Office, Washington, D. C. 10 cents.

This pamphlet is one of three recommended by the Children's Bureau Commission on Children in Wartime, at a meeting at the White House on February 4, 1943.

"It is addressed particularly to committees of State and local defense councils and councils of social agencies; to other community groups assuming active responsibility in promoting basic service for children and youth; to private national agencies and associations with programs bearing upon some aspect of delinquency prevention and treatment; and to Federal agencies with responsibilities relating to juvenile delinquency."

After a three-page introduction which states the problem and the contribution to it of wartime conditions, the material is presented in two parts: Part I, consisting of 21 pages, defines the goals for community action, and Part II (two and a half pages) outlines very briefly the procedure for action.

Part I: The goals for community action, it is stated, should include "(1) Strengthening of resources needed by all children, (2) Protection of groups of children especially vulnerable to delinquency, (3) Control of harmful influences in the community, and (4) Services for the delinquent child and the child with behavior problems."

Part II: The procedures for action, it is declared involve "all in the community who are concerned with chil-

dren's problems or conditions which affect children." An organization with leadership placed on a "committee of the local defense council, council of social agencies, or other organization that has broad responsibility for problems related to children and youth" is regarded as a prerequisite.

"The function of such a group should be to study the problem of juvenile delinquency, to stimulate the activities of other committees or groups with responsibility in special fields important in prevention and control of juvenile delinquency, to plan for essential services not already fully available, and to assist in the fullest possible coordination of these services."

The plan agreed upon should be put into action by "getting the facts with respect to juvenile delinquency in the community, the services available to deal with it, and the gaps that need to be filled, in the light of the goals for community action outlined in Part I."

There should follow an analysis of "the facts and charting the course to be taken, in the light of the findings, to strengthen existing resources and develop new resources needed."

Finally, there must be action "on the facts by proceeding promptly and effectively to stimulate widespread community interest and mobilize support for specific services and facilities for the prevention and control of juvenile delinquency."

BASCOM JOHNSON

**SURVEY MIDMONTHLY.** Special Number on Juvenile Delinquency. March, 1944. New York, 30 cents.

This special number is "designed to stimulate community planning and action to deal with wartime delinquency and provide a framework for continued action during the postwar period." It describes how community resources and other specialized services work, and how they may be used in an organized effort. Austin H. MacCormick, former New York City Commissioner of Correction, in the lead article, *The Challenge to All of Us*, points out that no such wide campaign of control and prevention as is taken for granted in public health methods has been brought to bear on this problem. A four-point attack

would include (1) getting the facts, (2) organizing the service to meet gaps of various kinds, (3) enforcing the law, and (4) building character.

Bradley Buell, executive editor, in *How to Begin*, outlines a series of working conferences by a defense council or other community organization to take stock and plan for control of delinquency problems. . . . Eliot Ness, director of the Division of Social Protection, in *New Role of the Police* describes briefly some of the constructive ways in which police can aid—through cooperation with health departments and other agencies, through regular enforcement of laws, and through the use of policewomen. . . . *Four Grown-Ups and a Child* by Kathryn Close, associate editor, introduces the four adults who are the most important influences on children, and discusses the forces tending to improve these influences: efforts in parent education are enumerated; the handicaps and opportunities of the teacher in developing good citizens are discussed; the importance of the religious leader in giving the children "something to believe in" is related to the availability of such leadership, and of religious training; and the problems of the group leader in recreation, especially because of the increasing use of volunteer workers, are outlined.

In a study of war impacted communities, *A Look at Ten Communities*, Genevieve Gabower, consultant in the Social Service Division of the U. S. Children's Bureau, finds a common fault to be a stagnant community attitude toward all of the problems occasioned by the increased industrial activities and population, although many are becoming aware that bad conditions affect the whole community. Chief causative factors in juvenile delinquency seemed to be: lack of parental supervision and adequate housing; shortage of school facilities and personnel; employment of children with insufficient protection; inadequacy of social resources, including lack of jail, police, health, social welfare, and recreation facilities. . . . Sheldon and Eleanor Glueck, noted criminologists of Harvard Law School, in *What Do We Know About Delinquency*, stress the fact that props to good behavior are naturally weakened by the social stress and strain resulting from the war. Since

so little is known about what makes one child become delinquent, while others under the same general environmental circumstances do not, we must adopt measures as in public health that seem to tend to prevent delinquency. As a measuring rod, we can ask whether the needs of the child for learning self-management and for adequate outlets for the basic instincts are being provided. . . . In *Federal and State Action*, Katharine Lenroot, Chief of the U. S. Children's Bureau, points out that added federal aid is needed, especially in the expansion of services through state and local public welfare departments. The governmental agencies for children's services, both state and federal, are described, with some mention of how the various agencies work together.

*Good Ideas at Work*, gives briefly suggestions on "how they do it" from thirty communities, including ideas on the neighborhood approach, youth participation, referral services and general programs.

REBA RAYBURN

JUVENILE-COURT STATISTICS, 1940-42.  
*Social Statistics*. Supplement to  
THE CHILD, December 1943. Children's Bureau, U. S. Department  
of Labor.

JUVENILE-COURT STATISTICS, 1943, *Preliminary Statement* Children's Bureau, U. S. Department of Labor.

An estimated increase of 31 per cent in the number of juvenile delinquency cases disposed of by representative juvenile courts in 1943 over the 1942 figure is reported in this *Preliminary Statement*, based on telegraphic reports from 145 courts over the country, cooperating with Children's Bureau in an annual review of juvenile court cases. In 111 courts reporting to the Children's Bureau, the number of cases disposed of increased in 1943 over 1942. In four counties which large cities are situated, the number of cases was more than doubled, and increases of 50 per cent or more were not uncommon in other courts. A slightly greater increase in boys' than in girls' cases was indicated in 1943, a reversal of the situation during the two previous years. Boys' cases represent more than four-fifths of the total.

The report warns that some increases in juvenile delinquency cases may be entirely the result of changes of court procedure; and that the cases represent all types of "alleged" delinquency from the most serious to the most trivial. Included is a table showing cases disposed of by 53 courts serving areas with a population of 100,000 or more for the period from 1937 through 1943. A similar table for 83 courts in the 1940-42 report compares areas where population has increased with areas where it has decreased, finding the number of cases disposed of increased 18 per cent in the former and only 9 per cent in the latter. A series of tables in the 1940-42 report uses material from 26 courts, which reported on individual cases, showing the regional distribution, and numbers and percentages by age, sex, and race; the chief reasons for reference to the court; the disposition made; previous court experience; and sources of reference to the court.

REBA RAYBURN

THE PRISON WORLD, *Special Number on the Woman Offender of Today*, March-April 1944. The American Prison Association and National Jail Association. New York.

Since articles in this number mention many times the problems of sex offenses and prostitution, and since the emphasis throughout is on what can be done to restore the woman offender to useful life, mention here is indicated. The topics of the seventeen articles and the names of their authors guarantee a publication packed full of information:

*So You Can't Do Anything About Prostitution?*, by Marie Duffin, Social Protection Representative, Federal Security Agency; *We Don't Carry Nightsticks!*, by Rhoda J. Milliken, Director, Women's Bureau, Metropolitan Police Department, District of Columbia; *These Are Our Jails*, by Nina Kinsella, Administrative Assistant to the Director, Federal Bureau of Prisons; *Problems of Administration*, by Helen Hironimus, Warden, Federal Reformatory for Women, Alderson, West Virginia; *Aims of Classification*, by Dr. Miriam Van Waters, Superintendent, Reformatory for Women, Framingham, Massachusetts; *Medical and Psychiatric Services for Women Offenders*, by Augusta F. Bronner, Ph.D., Consulting Director, Judge Baker Guidance Clinic, Boston, Massachusetts; *All Women Offenders Are Not Criminals*, by Edwina

Mitchell, Associate Member, Board of Pardons and Paroles, Alabama; *The Institutional Employment Program*, by Helen de Corse McArthur, Superintendent, Women's Prison, Jessups, Maryland; *How Can We Educate the Female?*, by Marion F. Gallup, Superintendent, Indiana Women's Prison; *Girlhood 1944*, by Marguerite Marsh, Associate Director, Contributors Information Bureau, Welfare Council, New York City; *Reflections on Institutional Discipline*, by Edna Mahan, Superintendent, State Reformatory for Women, Clinton, New Jersey; *Probation and Parole*, by Helen D. Pigeon, Acting Executive Secretary, American Parole Association; *Her Readjustment to Society*, by Miss Franklin R. Wilson, Superintendent, State Industrial Home for Women, Muncey, Pennsylvania; *Penology as a Career for Women*, by Elizabeth Munger, Superintendent, Connecticut State Prison and Farm for Women, Niantic, Connecticut; *Girls Do Not Learn About Crime in Prison*, by Henrietta Additon, Superintendent, Westfield State Farm, Bedford Hills, New York; *Specific Aspects of Crime Prevention*, by Elizabeth E. Prescott, Superintendent, Wisconsin Industrial Home and Prison for Women, Taycheedah, Wisconsin.

In an introductory editorial the editors of *Prison World* say: ". . . in these pages we portray some of the present efforts to cope with the problem with whatever facilities exist. We are setting forth what our institutions are doing, what they want to do and what should be done for and with the woman offender of today. Our authors share their experiences, their findings and opinions of the woman offender while she is under their care. . . . It is our task to study and treat the woman offender, to retrain her and try to give her an insight into the factors that are involved in any genuine attempt on her part to readjust herself to life and its responsibilities. There is the problem—not a mere academic query—of whether society will accept her when she returns. Will the woman offender be given an opportunity to become a normal member of the community? The correctional process is thus but one rung in a long ladder that must be ascended by every offender who is trying to make the climb to normalcy."

JEAN B. PINNEY

**WHAT ABOUT US? A Report of Community Recreation for Young People.** Office of Community War Services, Federal Security Agency, Washington, D. C. 41 pages. Free.

This pamphlet, prepared by the OC WS, Division of Recreation, describes the efforts and experience of some 700 cities and towns in providing organized recreation for boys and girls. Problems that confront the city, town and village are outlined and the programs undertaken in the search for solutions of these problems are reported upon. War recreation committees, now existing in over 1,300 communities, are proving to be one successful means of providing community-wide recreation facilities. Good programs offer boys and girls the chance to join in war services as well as to play. The work of boys and girls in salvage programs, war bond selling, civilian defense, and similar war services is cited. One outstanding volunteer job is protecting the nation's forests, and the pamphlet describes how in the San Bernardino National Forest, California, 75 high school boys served as civilian defense forest fire watchers during the summer.

As a guide for communities undertaking such programs, a detailed outline of the recreation plan in Milwaukee, Wisconsin, is included. An appendix includes various detailed information of special fields in such projects.

JEAN B. PINNEY

**SUMMARY OF STATE LEGISLATION REQUIRING PREMARITAL AND PRENATAL EXAMINATIONS FOR VENERAL DISEASE,** Second Edition by George Gould. Revised to 1944, from Original Edition by Aneta E. Bowden and George Gould, 1941, American Social Hygiene Association—New York, Pub. No. A-522. 40 pages. 25 Cents.

The first edition of this useful pamphlet issued three years ago has been brought up to date to include the rapid advance in adoption by the states of laws to protect marriage and childhood from syphilis. Since 1935, when Connecticut pioneered in this type of legislation, thirty states have adopted laws requiring examinations for syphilis before issuance of a marriage license. Laws to discover syphilis in expectant mothers have made even more rapid progress. Thirty states now have laws of this type, the first law having been passed in New York in 1938.

The present summary is presented particularly for the convenience of

groups and persons interested in and concerned with the history and requirements of such laws and especially for those who may be contemplating new laws of this type or revisions of existing laws. The text, in addition to the historical data and charts concerning these laws, describes in detail legislative requirements in the different states and gives examples of typical laws which have been found to work satisfactorily. A new helpful feature is a table of the legal waiting periods in relation to marriage licenses in the various states. Up to date maps are included.

Dr. John R. Heller, Chief of the Division of Venereal Diseases, U. S. Public Health Service, writes an introduction to the pamphlet.

JEAN B. PINNEY

JUVENILE DELINQUENCY AND THE COMMUNITY IN WARTIME. 1943 Yearbook of the National Probation Association. Marjorie Bell, Editor. New York. 307 pages. Cloth, \$1.75; paper, \$1.25.

The NPA Yearbook is an annual event anticipated and appreciated by all who are dealing with problems of probation, parole and delinquency prevention. The current volume is concerned with one of the most difficult problems in the war emergency.

Nine parts make up the 1943 Yearbook. The first seven contain papers given at the 37th Annual Conference of the National Probation Association at St. Louis, in April, 1943, and at other conferences during the year. Part VIII contains a digest by Charles L. Chute, Executive Secretary of the NPA, and Frederick M. Killian, of Legislation and Court Decisions affecting Probation and Parole and Juvenile Courts for the year 1943. Part IX is a report of the activities and organization of the NPA during the current year, and an outline of its program for the future.

The twenty-one papers published in Parts I to VII constitute two-thirds of the book and well represent "current opinion on the treatment and prevention of delinquency and crime" as increased and complicated by the war. Among them are: *American Culture and the Treatment of the Offender*, by Donald R. Taft, Professor, Department of Sociology, University of Illinois, Champaign; *The Juvenile Court in a War Industries Area*, by Max Spelke,

former Judge, Juvenile Court, First District, Connecticut; *Using Probationers and Parolees as Manpower in the Military Service*, by Joseph H. Hagan, Administrator of Probation and Parole, Rhode Island; *Young Camp Followers*, by Whitcomb H. Allen, Regional Supervisor, San Antonio, Texas, Social Protection Division, Community War Services; *Community Cooperation in Social Treatment of the Prostitute and Promiscuous Girl*, by Raymond F. Clapp, Associate Director, Social Protection Division, Community War Services, Federal Security Agency; *Children in Jail*, by Roy Casey, Inspector, Federal Bureau of Prisons; *The Bar and Crime Prevention*, by Harold K. Krowech, Chairman, Juvenile Crime Prevention Committee, State Bar of California; *Psychiatric Aspects of Criminal Behavior*, by Edmund F. Sassin, Psychiatric Consultant, Social Planning Council, St. Louis.

Though social hygienists will be professionally concerned mainly with the programs and activities outlined in Part III, new and practical approaches to the problems of delinquency and its prevention which apply to social hygiene as well are included in Parts V and VI. These and also the other parts will repay careful reading.

BASCOM JOHNSON

TECHNIQUES OF LAW ENFORCEMENT IN THE TREATMENT OF JUVENILES AND THE PREVENTION OF JUVENILE DELINQUENCY. A Manual for the Guidance of Enforcement Officers in Dealing with Juvenile Offenders and in Establishing a Delinquency Prevention Bureau within the Law Enforcement Agency. Compiled by the National Advisory Police Committee to the Federal Security Administrator, in Consultation with the United States Children's Bureau, Division of Social Protection, Office of Community War Services, Federal Security Agency, U. S. Government Printing Office, Washington, 1944. 60 pages.

In 1943 the National Advisory Police Committee's Sub-committee on Law Enforcement compiled and sponsored for publication by the Division of Social Protection the useful report *Techniques of Law Enforcement against Prostitution*. This second *Techniques* compilation has been prepared by the Sub-Committee on Prevention, of which

Chief Joseph T. Owens, of Rome, N. Y., is Chairman, and was reviewed and approved by the full Committee early in the year. Since then it has had wide distribution, copies having been mailed to chiefs of police, county sheriffs and state enforcement agencies throughout the country. The manual is intended to serve as a guide to the enforcement officer in dealing with juvenile offenders, and in setting up a delinquency prevention bureau within the law enforcement agency concerned. Following an introduction stating the purpose of the report, the text is divided into four parts: *Part I, Law Enforcement Responsibility*, discusses *What the Patrolman Can Do to Prevent Delinquency*, and *Locating Trouble Spots*. *Part II, Dealing with the Individual Offender*, covers the topics *Questioning a Child; Warning and Notification; Custody and Detention; Fingerprinting Juveniles; Special Problem—the Young Girl*. *Part III, Controlling Conditions*, deals with *Licensed Establishments; Dance Halls; Bars; Restaurants, Clubs and Cabarets; Candy Stores; Movies; Unlawful Employment*

*of Minors, and Curfew. Part IV, A Juvenile Bureau Treats of Personnel; Offices; Introducing the Juvenile Bureau; Locating Delinquency; Relationship with the Juvenile Court; and Relationship with Other Agencies.* In *Part IV* also are short statements concerning the organization and functions of the Social Protection Division, the Children's Bureau, and a *Summary of Suggested Reading*. Members of the NAPC are also listed for convenient reference.

Chief Owens says in a foreword "The manner in which the officer handles the child in his first difficulty with police may be the making or breaking of the youngster's future life. For this reason, it is imperative that every officer, from the chief or sheriff down to the newest rookie or deputy, have an understanding of how juveniles should be interviewed and treated."

The new booklet should be a real aid in preventive efforts.

JEAN B. PINNEY

### Books on Medical and Public Health Activities

Unless otherwise indicated, reviews are by WALTER CLARKE, M.D., Executive Director, American Social Hygiene Association

A TEXTBOOK OF MEDICINE, Sixth Edition, edited by Russell L. Cecil, M.D., and Foster Kennedy, M.D., of Cornell University Medical College. W. B. Saunders Co. of Philadelphia and London. 1566 pages. Illustrated.

The sixth edition of this popular textbook will be welcomed by teachers of medicine, medical students and practitioners throughout the English speaking world, for *Cecil's Medicine* is almost if not quite as well known in Great Britain and the British Dominions and Colonies as it is in the United States. More than 150 authors, each thoroughly conversant with his field of medicine and all but a few connected with schools of medicine, collaborated in the preparation of this textbook. Those not so connected are members of the medical staff of well known research institutions and hospitals. It is interesting to note that the medical schools with largest representations are Harvard, with 24 contributors, College of Physicians and Surgeons of Columbia University, with 22, Cornell with 14, New York University and Minnesota University with 7 each and Pennsylvania and Johns Hop-

kins universities with 5 each. The remaining contributors are scattered among 27 medical schools and numerous distinguished research institutions.

*Cecil's Medicine* is divided into the following major parts: *The Infectious Diseases, Diseases of Doubtful or Unknown Origin, Diseases of Allergy, Diseases Due to Physical Agents, Diseases Due to Chemical Agents, The Intoxications, Deficiency Diseases, Diseases of Metabolism and Diseases of the Digestive System, Respiratory System* and each of the other systems of the body. Each major part is divided into the appropriate sections and each section has been written by a well known authority. A useful feature of each section is a short bibliography.

In this authoritative work what is there of interest to physicians, nurses and public health workers engaged in any social hygiene activity? First interest will be found in the section dealing with *Infectious Diseases* for here are found up-to-date discussions of syphilis, lymphogranuloma venereum (here referred to by one of its many other names—lymphogranuloma ingui-

nale) and gonococcal infections. These discussions, however, emphasize the medical aspects of these diseases. Thus gonococcal infections deal mainly with endocarditis, meningitis, nephritis and other more or less rare manifestations of gonococcal infection rather than with such banal conditions as urethritis and cervicitis. Chaneroid and granuloma inguinale, being rarely systemic diseases, are omitted.

The section on *Syphilis* was written by Dr. Jas. S. McLester of Alabama University and former President of the American Medical Association. After giving a brief account of the early manifestations of the disease, he devotes most of his discussion to a description of the damage done by syphilis to the various vital structures of the body, then goes on to present the essentials of diagnosis and treatment including under the latter head a brief mention of massive arsenotherapy.

In a textbook of this character syphilis appears in the discussions of many systemic diseases including those of the cardiovascular, central nervous and digestive systems. Syphilitic aortitis, aneurysm, and aortic valvular disease, tabes dorsalis, general paralysis of the insane, syphilitic cirrhosis and many other conditions are discussed, illustrating the fact that this disease attacks all structures of the body. That is why it appears in this textbook in about 30 discussions in addition to that of Dr. McLester.

Cecil's *Medicine* is well printed, well indexed and sufficiently illustrated. It is the sort of book any physician, medical student, nurse or public health worker will be proud to possess and will find much satisfaction in using.

**OSLER'S PRINCIPLES AND PRACTICE OF MEDICINE.** By Henry A. Christian, A.B., A.M., M.D., LL.D., Sc.D., F.R.C.P. D. Appleton-Century Co., New York. 1600 pages. \$9.50 (15th Edition.)

The rapid pace of progress in medical science can hardly be better illustrated than by the fact that only eighteen months after the publication of the 14th edition of Osler's Medicine, it has become necessary to publish a 15th extensively revised edition. The phenomenal advances in the treatment of diseases is not limited to such innovations as sulfonamide therapy and even more recently, the almost miraculous effects of penicillin: stimulated to some extent by the war, very rapid progress has taken place in many

branches of medicine as well as of surgery. The need to make authoritative knowledge of these advances available to the medical services of our armed forces and those of our allies is among the reasons for the prompt issuance of this 15th edition of Osler's Medicine.

It was interesting to note that the 14th edition marked the semicentennial of this authoritative book which is used at least as widely in Great Britain and the British Empire generally as it is in the United States. The scientific and literary distinction of Sir William Osler's original work has been maintained by the eminent physicians and authors who have edited the numerous editions of this book which have appeared since the death of the original author. Dr. Henry A. Christian, Hersey Professor, the Theory and Practice of Physic, Emeritus, Harvard Medical School, is certainly among the most distinguished of these editors.

It is of interest to note that the 15th edition of Osler's Medicine is only about one half the size of the earlier editions used by tens of thousands of British and American medical students and physicians. This reduction in bulk has been achieved through the use of "Bible" paper but without substantially affecting the actual number of words in the text.

As always Osler's Medicine deals with syphilis as a medical problem. One can depend upon finding here sound and practical information and guidance in dealing with this protean disease which affects virtually every structure of the human body.

So distinguished a book needs no recommendation from this or any other reviewer. It goes almost without saying that every physician who can read English would prize a copy of Osler's Medicine.

**THE MANAGEMENT OF NEUROSYPHILIS.**  
By Bernhard Dattner, M.D., Jur.D., Associate Clinical Professor of Neurology, New York University Medical College. Grune & Stratton, New York, 1944. 420 pages. \$5.50.

This monograph will prove to be of interest and value to physicians especially those interested in neurology or syphilology. Its most distinguished characteristic is its complete coverage of the world literature dealing with the subject of neurosyphilis; the book containing references to nearly 600 indi-

vidual articles and books. The author and collaborators draw upon their very extensive experience in all phases of the diagnosis and management of neurosyphilis. The author's style is pleasing and the book is well indexed.

The book is divided into two major parts—the first dealing with the techniques of withdrawal and examination of spinal fluid: interpretation and evaluation—and the second with methods of treatment: application and results. Each chapter is divided into sections; the concluding paragraph of each giving a brief practical summary of the preceding discussion. It is the reviewer's opinion that most neurologists and syphilologists will find little with which to disagree in these important conclusions.

It is hoped that this book will find a place among the reference volumes in syphilis clinics and in the offices of private physicians.

**CLINICAL DIAGNOSIS BY LABORATORY EXAMINATIONS.** By John A. Kolmer, M.D., Professor of Medicine, Temple University. Published by D. Appleton Company, New York and London. 1239 pages. Illustrated.

Kolmer's *Clinical Diagnosis* is one of the most satisfactory and useful books which has come to the attention of this reviewer in a good many years of following the medical literature in his field. The author has presented his vast material in a form to make it usable at a moment's notice by physicians and students who refer to it. A most practical feature of the book is the presentation in tabular form of the normal laboratory findings side by side with abnormal or pathological findings in various conditions—a great aid to those of us whose memories for details are undependable.

Kolmer is best known in the English speaking medical world for his work as a serologist. His modification of the complement fixation test for syphilis is one of the most widely used blood tests for this disease in the United States. But the author is known, though perhaps less generally, as a bacteriologist and pathologist of distinction and a productive research worker in many fields of medicine.

Part One of Kolmer's *Clinical Diagnosis* consists of 21 chapters devoted to discussions of the *Clinical Interpretation of Laboratory Examinations*. Part Two deals, in 11 chapters, with the *Practical Application of Laboratory Ex-*

*aminations in Clinical Diagnosis. Part Three entitled Technic of Laboratory Examinations* consists of 9 chapters.

In each part there is material of interest to students of syphilis, gonorrhea, chancreoid, granuloma inguinale and lymphogranuloma venereum, to mention only the most important "venereal" diseases. Not only are there presented methods for studying the causal organisms and their effects upon the body but also for determining qualitatively and quantitatively the presence in the body of drugs used in the treatment of these infections. The methods of laboratory examination are lucidly presented and the findings in normal and abnormal conditions are associated so that the reports of laboratory procedures can be correctly interpreted by the physician faced with the practical problems of diagnosis and treatment. In the field of venereology—to use a British expression—Kolmer's book will prove extremely useful.

This book contains numerous line drawings and photographic reproductions illustrating techniques, and a few handsome colored plates showing reactions in which color is a factor in interpretation. A valuable feature of this book is the remarkably complete index which fills the last 130 pages of the book.

**A STUDY OF FACT AND ATTITUDE ABOUT GONORRHEA AS DEMONSTRATED BY QUESTIONNAIRE STUDY.** By Marie Di Mario Wann. New York, submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy in the Faculty of Philosophy, Columbia University, 1943. 68 pages.

The material was made available through a joint study of the United States Public Health Service and the American Social Hygiene Association known as the Venereal Disease Education Evaluation Project. It was carried on by questionnaires distributed at the New York World's Fair of 1940, and this thesis is an analysis of the responses evoked. It was an effort to determine the attitudes and information of the general public on the subject of gonorrhea as to its seriousness, the kind of advice one should seek in the event of suspected infection, adequacy of facilities for its control, social and family situations involved, and technical knowledge of symptoms and cure.

Gonorrhea was generally considered a serious disease, with a physician the

acceptable source of information and treatment; 97% indicated willingness to assist infected co-worker to get treatment, but only 76% would regard it safe to retain an infected employee about the home; 86% thought that those who have had gonorrhea should be allowed to marry upon a doctor's approval; only 74% believed that previously infected and treated persons should have children; 82% said that gonorrhea strikes all classes and kinds of people; 70% believed gonorrhea attacks large numbers of people; 94% said medical treatment is usually successful; 97% said untreated gonorrhea may result in serious damage to health.

The study throws light upon the question "Are the educational methods now in use effective in conveying the attitudes and information necessary to the eventual control and prevention of gonorrhreal infection?"

HARRIET S. CORY, M.D.  
Executive Director, Missouri Social  
Hygiene Association

THE PRINCIPLES AND PRACTICE OF INDUSTRIAL MEDICINE. Edited by Fred J. Wampler, M.D., Baltimore, The Williams & Wilkins Company, 1943. 579 p. \$6.00.

This book, edited by Fred J. Wampler, M.D., of the Medical College of Virginia, is the work of the editor and 32 contributors including physicians and others well known in the fields of public health and industrial medicine. The subjects dealt with range all the way from the administrative aspects of industrial health, hygiene and medicine to specific medical problems such as industrial poisoning, traumatic shock and tuberculosis. The chapter on *Venereal Disease Control in Industry* was written by Dr. Otis L. Anderson of the U. S. Public Health Service, a man highly qualified to present this subject. There is an interesting chapter on a very timely subject, namely *Women In Industry* by Dr. Molton H. Kronenberg and Kenneth Morse. The chapter descriptive of *The Nurse in Industry* by Joanna Johnson, R.N., discusses the duties and qualifications of industrial nurses.

The index is adequate, the type and format are satisfactory. This book should be of use to any physician, nurse or industrial safety engineer who desires to read an authoritative general book in this field.

SOME DANGEROUS COMMUNICABLE DISEASES. A Special Unit of Study in Health Education for Senior High Schools and Junior Colleges. A manual for Teachers and Students; Plan and Script by Maurice A. Bigelow, Ph.D. Edited by: Jean Broadhurst, Ph. D.; Walter Clarke, M.D.; Jacob A. Goldberg, Ph. D.; William F. Snow, M.D. American Social Hygiene Association, 1943. 32 pages. 10 cents. (Part II of the Manual has been reprinted as a Handbook for Students. 24 pp. 10 cents.)

Among current practical teaching aids in health education we can heartily recommend these two pamphlets, planned for use with lantern slides or reflecting cards but adaptable to lecture and textbook methods. With Bigelow as planner and essayist and with Broadhurst, Clarke, Goldberg and Snow as the editorial board, one can be assured of scientific accuracy and pedagogical soundness.

Syphilis and gonococcal infections have been the step-children of health teaching since its inception. Now, with thousands of parents alive to the dangers of these two major health menaces, and with the old time tabus against public discussion rapidly being smashed, educators are coming to realize that no worthy course in health and physical education can omit teaching regarding these "diseases of youth."

The pamphlets summarize known facts about "germs"—bacteria, viruses, and parasites, but their special emphases are on tuberculosis, syphilis and gonorrhea. The text is concrete, direct and interesting. Suggestions are made for amplification if teaching time is available, and supplementary reading is outlined.

Our only disagreement with the eminent author and editors would be concerning the text of paragraphs or slide 43 referring to the use of sulfa derivatives in the treatment of gonorrhea. "The drug sulfathiazole properly given by competent physicians will cure most cases within ten days," they say. According to Pelouze and other ranking authorities, many of these so-called "cures" are not bacteriologically cured. Perhaps future editions of the two manuals will see fit to modify this statement.

All in all, however, health education owes a real debt to these collabora-

tors for their timely and valuable contributions.

RAY H. EVERETT

**THE SEAMEN'S HANDBOOK FOR SHORE LEAVE.** Eighth Edition. By Mrs. Henry Howard. New York, American Merchant Marine Library Association. 350 pp. \$1.25.

In war as in peace seamen remain our perennial travelers. *The Seamen's Handbook for Shore Leave*, since 1919 when the first edition appeared, has been accepted by the men who man our ships as an essential part of their carefully selected equipment. By arming our fighters in dungarees (including their officers in uniform) with a "concise, practical guide to the seaports of the world, giving full information for comfort, recreation and safety ashore," the *Handbook* is contributing its part toward the wartime task of "delivering the goods". Remembering the sacrifices which have been and are being made to keep this lifeline intact, it is fitting that this book be dedicated to the heroic Merchant Seamen of the World Wars.

An amazing amount of useful information is packed into the 350 pages of this closely printed, excellently bound volume designed to fit into a jacket pocket. In addition to the location and all other necessary information about venereal disease clinics and hospitals in every foreign and domestic port, the *Handbook* lists American consulates, amusements, dental clinics, inexpensive hotels, legal aids, laundries, seamen's homes, banks and agencies, physicians, and points of interest. It carries warnings about local conditions in various ports, a glossary of common words and phrases in French, German, Italian and Spanish and a great deal of other useful information. It is interesting to note that in the information given on American ports there is a complete listing of all the seafaring trade unions with their addresses and telephone numbers. The present edition also lists the residential clubs, hotels and recreational centers of the United Seamen's Service and carries a short article on its aims and purposes by Douglas P. Falconer, its national executive director.

The present (eighth) edition of the *Handbook* is receiving extensive distribution through shipping companies, unions and by individual purchase. The War Shipping Administration has ordered 50,000 copies for distribution to

its trainees and the Navy has ordered more than 3,000 to use for their armed guard on the merchant ships. Through special donations many copies are being given to convalescent seamen in Marine hospitals. Mrs. Henry Howard, the compiler and editor, deserves commendation for her 25 years of devoted work in preparing this unique contribution for smoother sailing by the men who go down to the sea in ships

PERCY SHOSTAC

**SHORE CONVOY FOR MERCHANT SEAMEN.** Third Edition. United Seamen's Service, N. Y. 64 pp. Free.

Our Merchant Seamen are today's fighters and tomorrow's peacetime mariners. They are essential to our war effort and to our peace. The high casualties suffered by merchant marine personnel focused attention on the special needs of this long neglected group. As a result the United Seamen's Service was organized in 1942 through the cooperation of the War Shipping Administration, the maritime unions, the shipbuilders, the ship operators, the public and the President. Through the establishment of medical admitting offices, residential clubs, hotels and recreation centers in domestic and foreign ports, USS fulfills a function for seamen somewhat similar to that provided by USO for our armed forces.

*Shore Convoy* is a handy little directory listing health services open to seamen without cost, U. S. Public Health Service marine hospitals and clinics, War Shipping Administration offices, and the various facilities of the USS at home and abroad. In addition concise information is given on such subjects as repatriation, training and upgrading, selective service status, war risk insurance, Red Cross canteens and other facilities, and personal service for seamen.

Attractively printed in two colors and of convenient pocket size, *Shore Convoy* is said to be in the hands of every merchant seaman and recruit. Distributed without cost through the maritime unions, the War Shipping Administration and the ship operators, first and second editions of 200,000 are now exhausted and the third edition is now coming off the press in a run of 100,000. USS is to be congratulated on this excellent example of the way in which many needs of the men who man our ships are being met.

PERCY SHOSTAC

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- 25:3-8. *Venereal disease and selective service.* R. H. Eanes, M.D.
- February, 1944. 25:35-41. *Criteria of cure in gonorrhea.* R. A. Koch, M.D., E. N. Mathis, M.D., and J. C. Geiger, D.P.H.
- 25:42-45. *Progress in the wartime management of gonorrhea.* P. S. Pelouze, M.D.
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## The Social Hygiene Campaign in the Other American Republics

"Not less important than the military cooperation and the supplies needed for the maintenance of our respective economies, has been the exchange of those ideas and of those moral values which give life and significance to the tremendous effort of the free peoples of the world."

Franklin D. Roosevelt

## CONTENTS

A Message from President Ray Lyman Wilbur.....	Opposite Page	385
Editorial—Nations United for War and Permanent Peace....	William F. Snow.....	385
Letters from Major General G. C. Dunham, Institute of Inter-American Affairs; Dr. Hugh S. Cumming, Pan American Sanitary Bureau; Surgeon General Thomas Parran, United States Public Health Service.....		387-9
The Social Hygiene Campaign in the Other American Republics		
Argentina .....	Milio Fernandez Blanco .....	390
Brazil .....	L. Campos Mello .....	394
Colombia.....	Annual Report, Ministry of Health .....	398
Costa Rica.....	José Amador Guevara .....	402
Dominican Republic .....	L. F. Thomen .....	404
Haiti .....	Jules Thebaud .....	407
Honduras .....	Pedro Ordóñez Diaz.....	412
Mexico .....	Central Technical Office .....	414
United States-Mexico Border Cooperative Venereal Disease Program.....	Joseph S. Spoto .....	418
Nicaragua .....	Luis Manuel Debayle .....	423
Panama .....	Arturo Tapia .....	427
Paraguay A paper prepared by the Venereal, Syphilis and Skin Dispensary.....		431
Venezuela .....	Felix Lairet Hijo .....	434
National Events .....	Reba Rayburn .....	438
News from the 48 Fronts.....	Eleanor Shenehon .....	445
Notes on Industrial Cooperation.....	Percy Shostac.....	447

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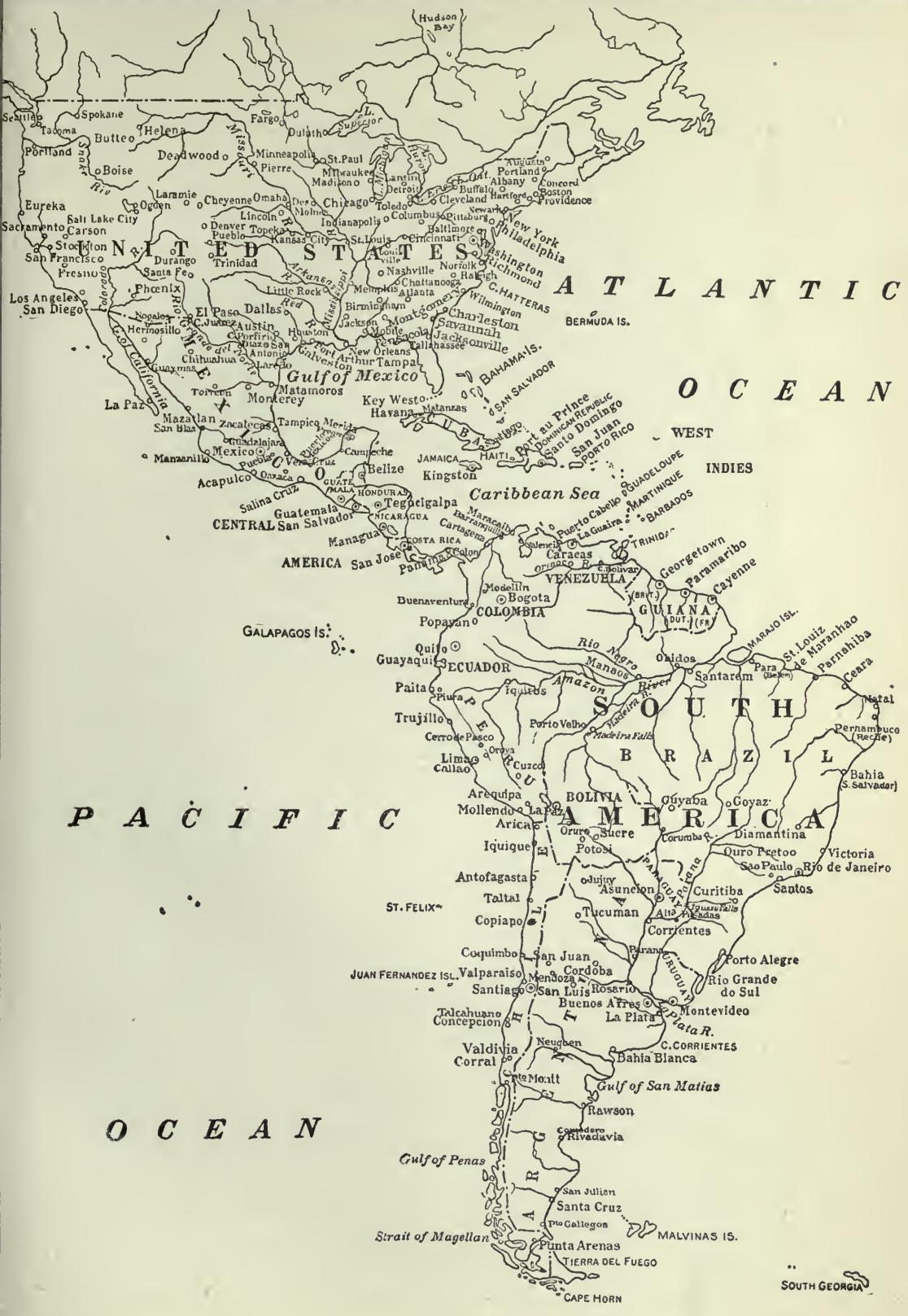
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## A MESSAGE FROM PRESIDENT WILBUR

The most striking feature of the venereal diseases is the way in which they have survived throughout many centuries and have spread themselves to practically all parts of the world, because of their long life in the human carrier and the way in which those carrying these diseases have moved about over a wide range.

Now, with this world-wide war and the great shifts in populations through the movements of armies and of refugees, this process has been speeded up and the venereal diseases are practically universal. We realize that they will gain a spread throughout the whole human family far beyond anything we have known before and that they are the problem of all human organizations.

Fortunately this comes at a time when we have better ways of controlling these diseases than ever before and when through government and voluntary agencies we can check their spread by medical treatment and also by accepting public responsibility for the control of those features of society which offer the greatest opportunity for the contamination of our youth. It is also more possible now to get a world-wide understanding and a world-wide attack upon all the phases of venereal diseases, with the development of sound social agencies. In this, as they are developing more and more interest in public health, our Latin American neighbors can be particularly helpful.

It is hoped that this special edition of the Journal of Social Hygiene will start new procedures by all elements in the population interested in the control of disease and in the protection of youth.

Ray Lyman Wilbur, M.D.

President

*American Social Hygiene Association*

*Office of the Chancellor  
Stanford University, California*

# Journal of Social Hygiene

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OCTOBER, 1944

NO. 7

"Not less important than the military cooperation and the supplies needed for the maintenance of our respective economies, has been the exchange of those ideas and of those moral values which give life and significance to the tremendous effort of the free peoples of the world."

Franklin D. Roosevelt

## EDITORIAL

### NATIONS UNITED FOR WAR AND PERMANENT PEACE

Brilliant and inspiring and terrible are the international strategy and coordinated operations of war recorded in the pages of current history. Equally important to the peoples of the world will be the peacetime plans and teamwork which must be brought to fruition. For both victors and vanquished life will go on. However the forms of political and social organization may vary, the family, handing life on from generation to generation, will remain the corner-stone of each nation. No part of the foundations in which these cornerstones are set will be more vital than the health and well being of all the people,—for the diminishing generation of the aged, with their knowledge and experience of the past,—for the vigorous, self-reliant generation at the peak of its power and influence,—for the growing generation of childhood and youth, loyal, filled with ideals and dreams of a great future for themselves and humanity.

In no field of health and welfare are greater gains to be won and greater losses to be avoided, than in the conquest of the venereal diseases, and the conservation of moral tradition and family life. To accomplish this task we must have community, state, national and international cooperation. And there must be understanding and active participation of religious, educational, and social welfare groups, as well as of the health, medical, legal and social protective agencies.

The American Social Hygiene Association has enjoyed always the privilege of working with all of these agencies, both voluntary and official, and in many countries. The present wartime emergency has naturally drawn the nations of our hemisphere more closely together—but this is nothing new in social hygiene. As long ago as 1920, the Association joined in sponsoring an All American Conference on Venereal Diseases in which were enrolled 3,000 persons of prominence, representing every scientific, religious, social and educational interest in North and South America, and which was

attended at its sessions in Washington by 450 delegates, from these countries, and also from Europe. Ever since then, the influence of that Conference has stimulated international interchange of information and concerted activity. In recent years, and especially since the beginning of war, international cooperation in venereal disease control has been steadily building under the encouragement and support of the Pan American Sanitary Bureau and the Coordinator of Inter-American Affairs in the U. S. Office of Emergency Management, working with governmental agencies in other countries. Consideration of venereal disease problems by the Anglo-American Caribbean Commission at its meetings in Washington with the Inter-departmental Venereal Disease Committee and in the West Indies with numerous government officials; the joint activities in Trinidad and elsewhere in the Caribbean Area of the British Army and British Health Services with the U. S. Army and Public Health Service; and the examination of mutual objectives and applicable methods through the Regional Conference on Social Hygiene held in Puerto Rico in February of this year,—all such projects make for a united, steady forward march towards national and world health,—for today and tomorrow.

This issue of the JOURNAL OF SOCIAL HYGIENE, with its interesting descriptions of developments and future plans for social hygiene work among the other American republics, is fresh evidence that we stand now, as we have stood always, on common ground in this as in many other respects, and that all of these countries recognize the need for vigorous voluntary agencies to support official programs. Year by year it becomes more plain that the Constitution of the American Social Hygiene Association states, in brief, the major purposes toward which such voluntary groups should direct their efforts:

"The purposes of this Association shall be to acquire and diffuse knowledge of the established principles and practices and of any new methods, which promote or give assurance of promoting, social health; to advocate the highest standards of private and public morality; to suppress commercialized vice, to organize the defense of the community by every available means, educational, sanitary, or legislative, against the diseases of vice; to conduct on request inquiries into the present condition of prostitution and the venereal diseases in American towns and cities; and to secure mutual acquaintance and sympathy and cooperation among the local societies for these or similar purposes."

Announcing these purposes at the First Annual Meeting, in 1914, Charles W. Eliot, first president of the new organization, said:

"These being its objects and aims, and its conception of public service . . . the Association invites men and women in every part of the country, who are of this mind, to support this work."

As we look towards the end of war and the coming of lasting peace among the nations, men and women "who are of this mind" in every part of the globe must join in safeguarding the health and stability of family life, as potent factors in world unity and world strength.

WILLIAM F. SNOW, M.D.  
Chairman, Executive Committee, American  
Social Hygiene Association

A LETTER FROM THE OFFICE OF THE COORDINATOR OF INTER-AMERICAN AFFAIRS

OFFICE OF THE COORDINATOR OF INTER-AMERICAN AFFAIRS  
THE INSTITUTE OF INTER-AMERICAN AFFAIRS

COMMERCE DEPARTMENT BUILDING  
WASHINGTON, D. C.

October 20, 1944

Dr. William F. Snow  
Chairman, Executive Committee  
American Social Hygiene Association, Inc.  
927 - 15th Street, N. W.  
Washington, D. C.

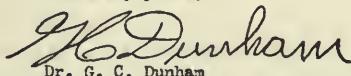
Dear Doctor Snow:

The publication of a special Latin American edition of the Journal of Social Hygiene provides important impetus to the growing recognition of the need for international cooperation in this field. In social hygiene as in other phases of public health work, the exchange of ideas, knowledge and experience is fundamental for effective disease control.

The efficacy of hemispheric cooperation in the control of venereal diseases and in other public health activities is now being demonstrated by the work of the Inter-American Cooperative Health Services now operating as an integral part of the Ministry of Health in each of 18 other American republics. With the cooperation of the Pan American Sanitary Bureau and the United States Public Health Service, an extensive venereal disease control program is under way on the United States-Mexican border; the Services are also establishing and strengthening similar laboratory and clinic work in seven of the other countries. The Services serve to supplement and extend the work of National Departments of Health which have in many countries been carrying on work of outstanding quality in many aspects of disease control.

The Journal of Social Hygiene is to be commended for recognition and publication of details of venereal disease control activities in the other Americas in the interest of improved understanding and dissemination of knowledge concerning work in this field.

Sincerely yours,

  
Dr. G. C. Dunham  
Major General, U. S. Army  
Executive Vice President

A LETTER FROM THE DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU

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MONTEVIDEO, URUGUAY

DIRECTOR AUXILIAR  
DR. EDWARD C. ERNST

October 11, 1944

Dear Miss Pinney:

I am delighted to learn that the material for the Latin American edition of the Journal of Social Hygiene embodies the best thought and progress from our sister Republics and am sure that the hemispheric dissemination of this information will be of significant value. Venereal disease control in the other Republics will receive a real impetus through this publication and an appreciation of the newer activities in this program will be a most desirable result.

Sincerely yours,

*Hugh S. Cumming*

Hugh S. Cumming  
Director

Miss Jean B. Pinney  
Editor, Journal of Social Hygiene  
927 15th St., N.W.  
Washington, D.C.

The Pan American Sanitary Bureau is an independent international public health organization. It was created by the Second International American Conference (1901-1902), organized by the First Pan American Sanitary Conference (1902), and reorganized by the Sixth (1920). It is governed by a Directing Council elected, together with the Director, at each Pan American Sanitary Conference. The Bureau is supported by annual quotas contributed pro-rata by all the American Republics. It is interested primarily in the prevention of the international spread of communicable diseases, and also in the maintenance and improvement of the health of the people of the 21 America Republics. Under the provisions of the Pan American Sanitary Code (1924), it has become the center of coordination and information in the field of public health, in the American Republics. It also acts as a consulting body at the request of national health authorities, carries on epidemiological and scientific studies, and publishes a monthly Bulletin, as well as other educational material. Pan American Health Day is celebrated annually on December 2 in all American Republics.

A LETTER FROM THE SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE



IN REPLYING  
ADDRESS THE SURGEON GENERAL  
U. S. PUBLIC HEALTH SERVICE

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE

WASHINGTON 14  
(BETHESDA STATION)



October 6, 1944

Miss Jean B. Pinney,  
Editor, Journal of Social Hygiene,  
American Social Hygiene Association,  
927 Fifteenth Street, N. W.,  
Washington 5, D. C.

Dear Miss Pinney:

In publishing a special number devoted to reports of social hygiene and venereal disease control work in the Latin-American republics, the Journal of Social Hygiene is furthering the purposes of international cooperation and understanding in venereal disease control.

Venereal disease is both a community and an inter-community problem. No city, State, or nation can secure lasting control of any communicable disease so long as new infections can be brought in from other areas. The importance of international cooperation in the control of venereal disease is gaining increasing recognition, particularly in the exchange of identifying reports which assist in tracing and placing under treatment persons to whom or from whom new infections have spread. The Public Health Service now exchanges such contact reports which health agencies of all nations in the world with which the United States maintains diplomatic relations.

Social hygiene and venereal disease control workers throughout the Western Hemisphere should find encouragement and practical inspiration in the reports from the several countries represented in the special Latin-American number of the Journal of Social Hygiene.

Sincerely yours,

*Thomas J. Parran*  
Surgeon General.

## THE SOCIAL HYGIENE CAMPAIGN IN THE OTHER AMERICAN REPUBLICS

**EDITOR'S NOTE:** *The articles and statements included under this heading, as JOURNAL readers will know, report on but a small part of the social hygiene programs in action in our neighbor republics. A full record would show, in each of the twelve countries represented here, many other efforts towards protection of homes and communities from the venereal diseases, towards education of young people for successful marriage and family life, towards provision of safe environment for childhood and youth to grow up in—in fact towards the good way of life that right-thinking, true-hearted people the world over desire for themselves, their children, and their nations. At a later time the Editors hope to publish additional information concerning some of these other endeavors, as well as concerning the programs of countries not represented in the present series. Meanwhile, grateful acknowledgment is made to the authors and to all who have helped to make this compilation possible, with especial thanks to the U. S. PUBLIC HEALTH SERVICE, the OFFICE OF THE COORDINATOR OF INTER-AMERICAN AFFAIRS, the PAN AMERICAN SANITARY BUREAU and the PAN AMERICAN UNION, for the loan of texts and illustrations, and for assistance generally in assembling the material and translating from the Spanish, French and Portuguese.*

### ARGENTINA

PROFESSOR MILIO FERNANDEZ BLANCO, M.D.

*Chief of the Dermatovenereological Section, National Administration  
of Public Health and Social Welfare*



Toward the end of 1936, the Argentine Congress approved Law No. 12,331 for prevention of the venereal diseases which, after the drafting of the necessary regulations, went into effect June 29, 1937.

Under the plan for organizing the prevention and treatment of these diseases throughout the nation, there was established in the National Department of Hygiene, a bureau with the following duties:

1. To exercise general supervision and coordination of the venereological services in all the hospitals, dispensaries, and laboratories of the country (national, provincial, municipal, or private), and to maintain relations with all the agencies concerned

with the problem, in order to watch over and to ensure the success

of this work. All the hospitals should provide beds for these diseases according to the need.

2. To distribute free drugs and equipment, as well as educational materials and scientific information through conferences, films, et cetera, especially in an effort to provide sex education for young people.

3. To carry out medical and social studies of the problem.

4. To organize social services, with trained workers and specialists charged with the duty of locating the foci of infection.

5. To encourage growth of antivenereal centers.

Obligation was also laid on all institutions or organizations (of any kind whatsoever) having a personnel of more than 50 persons, to create for them a free treatment service, the only amount collectible from the patient being the actual cost of the drugs.

Infected persons, during the period in which their disease is in a contagious state, are obliged to undergo treatment, and if they do not do so voluntarily, they may be compulsorily hospitalized.

The manufacture of antivenereal drugs by both official and private companies, is to be arranged and encouraged, and no taxes or customs duties are to be enforced on the products destined for this use.

A premarital health certificate is required from bridegrooms, to be secured within seven days preceding the marriage, the certificate being issued free of charge. The examination is to be made by a physician authorized by the National Bureau of Public Health and Social Welfare, and the certificate may be refused if active lesions of syphilis, or signs of gonorrhea, chancroid, lymphogranuloma venereum, or leprosy are found. In necessary cases the examining physician may request any serologic test, all the laboratories operated by the National Bureau of Public Health and Social Welfare providing this service free of charge.

*Article Fifteen* prohibits, throughout the Republic, the establishment of houses or districts where prostitution is conducted or encouraged; this is really an abolitionist law suppressing the licensing or legalization of prostitution and does not prohibit prostitution itself, as some have mistakenly interpreted it to do.

Finally, the law contains several sections establishing punishment and fines for those who refuse to observe its rulings and provides an appropriation for law enforcement.

The regulations set forth the manner in which the campaign is to be coordinated between the venereological services of the country, the therapeutic standards to be followed; and the manner of keeping record of treatments of each patient (in a special notebook); and give sample forms for the monthly statistical reports to be sent by the various services to the Central Section for study and filing.

On the educational side a venereological museum of wax models has been set up, including 300 items; two sound moving pictures about gonorrhea and syphilis have been produced and are regularly exhibited in the Federal Capital and the interior of the country; educational pamphlets and posters are distributed; lectures and conferences are held.

For the better enforcement of the premarital certificate requirement, there have been opened in addition to the hospital laboratories six serological centers strategically located across the country where competent personnel, selected by competitive examination, carry out the analyses or reactions.

Finally there is a consultant-Advisory Commission, made up of professors on the Medical Faculty, which among other duties, advises on procedure and methods for diagnosis, treatment and prophylaxis of the venereal diseases throughout the country, in order to secure the standardization of these efforts, and strives to bring about the orientation of antivenereal propaganda and the diffusion of sex education.

It has now been six and a half years since this law was passed. Its benefits are undoubtedly, in spite of the obvious difficulties surrounding its application. It really has two fundamental objectives:

1. The requirement of the male premarital certificate, which is carried out with strictness and efficiency; and
2. The abolition of regulated prostitution—a theme which deserves a separate chapter. This measure has eliminated the traffic in women, at least in part, and thus is changing the unfortunate concept hitherto held concerning our country in this respect.

The procuress or brothel-keeper and the innumerable ramifications of her activity have been wiped out; the number of casual sexual contacts has been reduced and consequently the probability of infection. Statistics prove that the venereal diseases have decreased notably, both in the civil population of the Capital, in the interior, and in the army. The crimes of violation, rape and lewd abuses that it was feared would break out have not increased in comparison with conditions before the law went into effect. These facts show clearly that in this respect the law is beneficial in spite of the fact that such abolitionist measures have constituted an abrupt change in custom. Without question, the duty of striving to educate young people in these matters during adolescence cannot be put aside; to this end the addition of certain instructive material in the secondary school programs has been studied, with the object of making known to the young people simple and elemental information about these subjects.

The requirements of the premarital certificate aroused certain misgivings in the beginning. Statistics, nevertheless, attest that the number of marriages has not diminished but has increased, even in comparison with the increase of the population, and that the number of illegitimate children has not increased.

To sum up, this legislation is not perfect, but neither are most laws. The time elapsing since the law was approved has brought out some faults, more chargeable to its application than to its basic intention, and which could be corrected without much trouble. All those who have no interests directly damaged by the law, agree unanimously that the Argentine Law for prevention of the venereal diseases, constitutes a valuable acquisition for the public health of the country, that it should not be done away with, but on the contrary, that it deserves most vigorous support from the authorities.

#### FACTS ABOUT ARGENTINA

**Area**—1,080,000 square miles

**Population**—13,709,238

**Capital**—Buenos Aires; population 3,500,000

**Language**—Spanish

**Unit of currency**—The paper *peso*, worth 26 cents in U. S. currency.

**People**—In addition to the Indians who have been absorbed into the population, the mainly Spanish stock has assimilated many immigrants from Italy, England, Scotland, Ireland, Germany, Austria, France, Poland, Russia, Switzerland and other American countries. The amalgamation of peoples and of cultures is more complete than in the United States.

**Climate and Physical Characteristics**—There are four well-diversified geographical regions: a humid, subtropical northern region; a semi-arid, semi-mountainous northwest; the south of plateaus and mountain slopes and lakes; and the great central pampa, a region of rich agricultural plains. The climate is temperate, slightly milder than the United States, with seasons in reverse.

**Government**—Federal in form, modeled on that of the United States. Each of the 14 provinces has its own government, with its own constitution, governor and other officials, a two-chamber legislature, and provincial judicial and educational system. Ten territories, with governors appointed by the President, constitute more than 40 per cent of the total area of the country, but only about 5 per cent of the population. The President, who wields much power, is elected for a 6-year term by an Electoral College. Congress consists of a Senate of 30 members chosen by a special body of electors for nine years; and a House of Deputies of 158, elected by direct vote for four years.

**Education**—National and provincial governments cooperate in maintaining the school system, which includes 14,000 elementary schools with 1,800,000 pupils, and about 250 high schools. Literacy is estimated at 88 per cent generally, with a higher rate for the cities. There are nearly 100 normal schools, and 24 universities, the largest of which is the University of Buenos Aires with 15,000 students.

**Public Health**—The National Department of Health, under the Ministry of the Interior, carries on health work, and is given authority to intervene in public health matters in the provinces and municipalities, especially in connection with such national problems as malaria, plague, and venereal diseases. Some of the provinces have well developed health departments, and an enormous amount of health and welfare work is carried on by the larger cities. The national government maintains welfare stations or health centers in the national territories, as well as maternal and child welfare centers, venereal disease dispensaries, tuberculosis sanatoria, leprosaria, vacation colonies for children, and other welfare institutions throughout the country.

#### Societies

Liga Argentina de Profilaxia Social, Corrientes 980, Buenos Aires.

Sociedad Argentina de Dermatologia y Sifilografia, General Urquiza 609, Buenos Aires.

Sociedad Argentina de Venereologia y Profilaxia Social, Buenos Aires.



## BRAZIL

L. CAMPOS MELLO, M.D.

*In Charge of the Antivenereal Campaign, National Department  
of Health of Brazil*

Syphilis, gonorrhea and other infections coming under the heading of venereal diseases, present in Brazil and particularly in its larger cities, as is also the case to a varying degree in all countries of the Americas, a problem which demands the careful attention of the public health services and of all agencies interested in one or more of the aspects of this important health problem.

Besides the characteristics which make venereal disease one of the most important problems of public health medicine in peacetime, other difficulties arise in times of war which make it even more difficult. Some of the factors which favor the spread of such diseases in war conditions are: the mass calling of military reserves, frequently recruited from remote sections and small cities and taken to larger cities or nearby training barracks; the larger migration of laborers, experts, farmers, rubber explorers and miners, all over the country; long stays away from families thereby exposing them to attractions heretofore unknown. All this is facilitated by higher salaries being received by the men and also by the increase in prostitution.

For a long time the State Departments of Health in Brazil have been actively fighting venereal diseases. The campaigns, however, have been conducted generally without a definite or uniform program.

In 1942 the Federal Government resolved, through the National Department of Health of the Ministry of Education and Health, to establish a national campaign, on a progressive plan, based on agreements with the State Departments of Health, and enabling them, with the aid of drugs, laboratory material and technical guidance furnished by the Federal Government, to undertake the comprehensive program for venereal disease control which had been planned by the Federal Government.

Money was set aside for the initiation of the campaign in 1942 and three States were chosen as a trial ground for the work. After making agreements with the State Departments of Health of Espírito, Santo and Alagoas, the campaign was begun. Local budgets were supplemented by federal grants and the program was put into effect under the federal standards previously approved, but adapted to local conditions.

The above mentioned federal standards may be summarized in part as follows:

1. The State Departments of Health must have, as an assistant to the Director General a trained venereologist, to centralize, coordinate and control the State campaign.
2. In the sanitary districts having venereal dispensaries in their Health Centers, the State Departments of Health shall make the reporting of venereal diseases compulsory by the number system.
3. Steps shall be taken to impart sex education in high schools and colleges through the proper agencies.
4. The State Departments of Health shall make the police authorities enforce the provisions of the Criminal Code on prostitution, white slavery, pandering, et cetera, offering no cooperation nor encouragement to any medico-police regulation system, having its basis in law or fact, and bringing about the immediate abolition of the *carnets* used for the periodical examination of prostitutes.
5. Health education against venereal diseases shall be carried on extensively and continuously.
6. The State Departments of Health shall cooperate with the health services of the armed forces with a view to preventing and treating venereal diseases among the troops and to exchanging information on cases and infection foci.
7. Sample serological surveys on the basis of the "One Day Census" shall be made.
8. The use of individual preventive methods, facilitating their sale in drug stores and other places, shall be encouraged.
9. Preparation and maintenance, directly or by properly authorized persons, beds for interning and treating cases of venereal diseases which require hospitalization.
10. Provision, through the Health Centers, of premarital examinations, explaining in full their advantages.
11. Strict control of advertisements and quality of products used in the treatment of venereal diseases, as well as sharp repression of quackery.
12. Monthly statistics shall be sent in by each dispensary with data as set forth in the official form.

13. Closer relationship shall be established between the various services of the Health Centers with the venereal disease service, in order that all may cooperate in the campaign.

14. The federal standards under which the Nursing Services of the Health Centers will work on case-finding, case-holding and follow-up of defaulting cases, in cooperation with the venereal disease dispensaries, shall be adopted.

15. The program of cooperation between the services of Periodical Examinations of Health, of Prenatal Hygiene, Child Hygiene, Pre-school Age Hygiene, of Otorhinolaryngology, Ophthalmology, Laboratory, et cetera, of the Health Centers shall be adopted, so that the working hours will harmonize with those of the Venereal Disease Services.

16. Venereal dispensaries shall be organized within the requirements prescribed as to materiel, personnel and operation, and shall adopt the required diagnosis nomenclature, treatment schemes and clinical diagnosis and laboratory standards.

17. The above program shall be adopted in the Health Units of the small cities and rural areas.

18. Organization, especially in the cities having military camps, of preventive centers for the use of both the military and the civilian population.

These are points included in the detailed federal standards for the campaign against venereal diseases in cooperation with the State Departments of Health, and which from time to time are to be changed according to the results of experience.

Since 1942 efforts have also been made with the Health Departments of the Army and Navy, to synchronize the campaign among civilians with the work of medical authorities of the armed forces.

This year, with increased resources, the venereal disease campaign is being carried on in the above-mentioned States, as well as started in the States of Rio Grande do Sul, Paraná, Rio Grande do Norte, Pará, and Rio de Janeiro, taking in seven of the twenty States in the country.

The other States, while not yet receiving federal aid, are nevertheless working against venereal diseases, and during 1944 should be embraced in the national program, when the first course for venereologists will be given, with a view to preparing experts for the dispensaries of the Health Centers.

According to available data the campaign against venereal diseases in Brazil will be greatly broadened during the next few years as a necessary measure.

## FACTS ABOUT BRAZIL

**Area**—3,286,170 square miles

**Population**—41,565,083

**Capital**—Rio de Janeiro; population 1,585,234

**Language**—Portuguese

**Unit of currency**—The *cruzeiro*, worth 6 cents in U. S. currency.

**People**—An amalgamation from many countries, the main stock was originally Portuguese, but a constant flow of immigrants, chiefly Italian, Portuguese, Spanish, German and Japanese, with many others from a great variety of nationalities, has made a blended population, most of whom are well assimilated. More than 70 per cent of the people are engaged in agricultural occupations.

**Climate and Physical Characteristics**—The three general regions have distinctive climates: the tropical Amazon basin has high temperatures and humid atmospheric conditions; the northeastern states, partly scrubland and desert, are warm and dry, occasionally suffering from drought; the southern and central coastal regions are cooler and have moderate but adequate rainfall. The country's area is greater than that of any other republic of the Western Hemisphere, covering 47 per cent of the South American continent.

**Government**—Established as the United States of Brazil in 1889, the constitution adopted in 1891 was modeled largely on that of the United States. There are 20 states having their own governments and legislatures, and five territories. The National Parliament includes a Chamber of Deputies and a Federal Council and meets each year on May 3 for four months. The president, selected by an Electoral College or by plebiscite for a six-year term, is given large powers by the constitution, and is assisted by a cabinet of ministers, including a Minister for Education and Public Health. Since 1934, suffrage has been extended to all men and women over 18 years of age.

**Education**—Elementary and rural education with 2,670,000 children in 36,661 schools, is controlled by the states, but influenced to some extent by the Federal government through subsidies, with a growing tendency toward federal centralization. The Ministry of Education, with advice from a National Council of Education composed of leading educators, supervises all secondary, university, commercial and remedial education. There are nine institutions of higher learning, offering advanced work in engineering, law, medicine, dentistry, fine arts, education and business. Research institutes and professional schools of mining, agriculture and military and naval science are maintained either by federal or state governments. There are more than 1,250 libraries in the country, many serving outlying rural areas.

**Public Health**—Chief health problems are malaria, intestinal parasites, leprosy, trachoma, water-borne diseases, plague and yellow fever. Also important are the high infant death rate, tuberculosis, venereal diseases, malnutrition, and in some regions tropical diseases. The large cities have good physicians and equipment, but the interior suffers from a dearth of doctors, nurses and hospitals. The National Department of Public Health cooperates with state governments in campaigns against the various diseases; in maintaining dispensaries and health centers; and in health education. The Institute of Inter-American Affairs has aided in the establishment of two large laboratories, at Belem and in the Rio Doce Valley; and several smaller ones where routine clinical examinations are made.

**Societies**—Circulo Brasileiro de Educacao Sexual, Rio de Janeiro.

Socieda de Brasileira de Dermatologia, Rio de Janeiro.



## COLOMBIA

A Statement Reprinted from the 1943 Annual Report of the Ministry of Labor,  
Health and Social Welfare

Among all the health campaigns, that against venereal disease has benefited most through the new scientific progress and development of treatment. Today it is possible to cure syphilis in its first two stages within a period of from 10 to 30 days. With regard to gonorrhea, the advent of the sulfanilamides has brought about a complete therapeutic revolution. For these reasons, the Government, interested in developing the campaign, called a conference of the professional workers connected with health and welfare agencies in Colombia and a meeting was held in the Samaritan Hospital. Various interesting conclusions were adopted concerning treatment, the social campaign, provision of drugs, sex education, provision of equipment, blood tests, and other details.

There was brought out the need for Colombians to understand fully the dangers of venereal diseases, how they are transmitted, and how they may be avoided and treated, putting an end to the old system of treatment which made the external lesions disappear and gave the patient a false illusion of improvement while the infections were following their course, later causing disturbances in the nervous system and vital organs with disastrous results.

The Government should press forward powerfully and scientifically with the necessary measures to defend the community, isolating infectious cases, tending the sick, controlling as far as possible those who spread infection and establishing standards for dealing with prostitution in a way that will be least dangerous to society.

No complete statistics as to the number of syphilitics in Colombia have yet been compiled, but the number must be huge, since we have not had adequate health regulations, since the lack of knowledge among the people concerning the source of infection is great, and since we have lacked the education and public information which would point out the dangers of this evil and the benefits and facilities of treatment.

We must confess that so far our campaign has been cold and unimaginative as regards human welfare. While we have done a great

deal in investigation and in medication, we have done very little along the lines of the social campaign. The prostitutes have been herded into the clinics by the police; have been made to live in filthy surroundings, uninhabitable hovels without running water and without sewage facilities. This has made them feel neglected and forgotten by the State, so that those who become diseased shun the institutions which combat these diseases. We need, in order to fulfill our duty to society and to carry out our work in a more Christian and humane spirit, to see that these women have a chance to be accurately informed how to protect themselves against these diseases, and as to the treatments which should be followed, if they become infected, lest they reach a stage in which medical science can be of no avail.

To accomplish this the antivenereal activities in the Capital and Departments and in the large cities ought to have attached to the hospital wards necessary facilities for education and rehabilitation—recreation rooms, sewing rooms, school rooms,—and sufficient provision for nourishing food as well as for attention from the medical and administrative staff.

If this plan can be put into effect with arrangements for suitable personnel and necessary drugs to maintain continuous treatment and laboratory service for complete investigation and blood tests; if we can train public health nurses, one of the great needs of the country; if sex education can be increased,—or, rather, begun,—the problem of the venereal diseases will be reduced fifty per cent. The progress of disease to the third stage, with the serious complications that require surgical aid and leave the patient in a critical condition will be avoided. We will also help to prevent criminality which in fifty per cent of cases is influenced by syphilis; and the population of our hospitals for the insane will be reduced, inasmuch as according to statistics, sixty per cent of the insane are so because of syphilis and other venereal diseases; twenty per cent because of alcoholism, and the rest because of other infections, toxic conditions and neuro-pathic tendencies.

From the cold facts, Congress may see the importance of granting increased economic aid and moral support to the campaign against the venereal diseases, which to date has been waged solely out of departmental funds, permitting neither complete treatments nor educational work.

#### BUDGET

The budget of the Venereal Disease Section for the year 1942 was \$110,577 of which \$40,000 was assigned from the general budget and \$70,577 assigned from the budget of the Department of Coordinated Health Services. Of the \$40,000, \$38,570 was expended and the rest was transferred for expenses of the Minister of War.

The appropriation for the expense of the Antivenereal Section during the year 1943 was \$120,000, plus \$62,558.04 from funds of the Department of Coordinated Health Services.

*Antivenereal Institutions:* During the year 1942, 86 Antivenereal Services were functioning.

*Persons Attending:* The total number of persons attending the Anti-venereal Services was, during the year, 200,394. In the prophylactic stations 49,172 persons attended.

*Hospitalization:* In 62 of the 86 institutions, 23,753 persons were hospitalized; the other 24 lacked facilities for this purpose.

*Prophylactic Stations:* During the year 44 prophylactic stations functioned. Of these 18 were supported with funds of the Anti-venereal Section and the other 26 by the Departments and Municipalities.

*Improvements:* Resolution No. 282 was put into force, regulating prostitution throughout the national territory. 25,000 educational booklets were printed.

**EDITOR'S NOTE:** This report is supported by a detailed account of venereal disease control work as carried on in the departments of Antioquia, Atlántico, Bolívar, Boyacá, Caldas, Cauca, Cundinamarca, Huila, Magdalena, Nariño, Santander del Sur, Santander del Norte, Tolima, and Valle, and the territories. In each case the number of patients and the chief characteristics of the work are reported.

The general health and sanitation campaign being carried out by Colombia in cooperation with the Office of the Coordinator of Inter-American Affairs of the United States will be of considerable influence in venereal disease control. The report further says that the administrating agency, "Cooperative Inter-American Health Service,"\* under the Ministry of Labor, Health and Social Welfare, uses funds, equipment, and personnel furnished by the two countries (to an amount not to exceed one million U. S. dollars or Colombian pesos, respectively). Its venereal disease control work, as described in the report of the Minister, includes venereal disease diagnosis and treatment in coastal health centers operated primarily as part of the malaria eradication program; treatment of these diseases by the malaria and yaws units on the Pacific coast; aid to venereal disease institutes in several Departments (among them Caldas, Magdalena, Santander del Sur, and Valle); venereal disease control in mining and other industrial areas; and indirectly, the assistance to the School of Public Health Nursing set up by the combined efforts of the Government of Colombia, the Rockefeller Foundation, the Pan American Sanitary Bureau, the Office of the Coordinator of Inter-American Affairs and, the National University.

(\* The Department of Coordinated Health Services referred to in the main text is not the above; but rather an administrative agency for funds supplied by the federal, departmental and municipal government on a grant-in-aid basis for local health projects. Some of these centers also receive aid from the Cooperative Inter American Health Service . . . It is a little difficult to separate responsibility in Colombia; because all possible cooperation is enlisted, including that of private companies. In Bucaramanga the Venereal Disease Dispensary is to be built with funds from the Department of Santander del Sur and the Cooperative Inter American Health Service, on a site donated by the local Rotary Club, and no doubt the national government will be helping maintain it.)

## FACTS ABOUT COLOMBIA

**Area**—448,794 square miles

**Population**—8,701,816

**Capital**—Bogota; population 400,000

**Language**—Spanish

**Unit of currency**—The gold *peso*, worth 57 cents in U. S. currency.

**People**—The country was settled by Spaniards beginning in 1525, and the people are mainly Spanish and Spanish-Indian, with some Indian tribes in isolated parts entirely unassimilated. Spanish culture dominates, though French influence has been important in the intellectual life. Agriculture and mining are important occupations.

**Climate and Physical Characteristics**—Just south of the Republic of Panama, Colombia is the only South American country to overlook both the Pacific Ocean and the Caribbean. Neighbors on the east are Brazil and Venezuela, and on the south, Ecuador and Peru. Three great ranges of the Andes run north and south through the country, making transportation a major problem. The high tablelands between the mountains enjoy a cool and pleasant climate. Only two per cent of the land is cultivated, with 23 per cent used for grazing, and 50 to 60 per cent in forests. There are also rich mineral deposits.

**Government**—Established as a republic in 1819, the government is vested in a Federal Congress and President. The Congress consists of the Senate of 57 members elected for terms of four years, and the House of Representatives, of 119, elected every two years. The president is elected by direct vote of the people every four years.

**Education**—Education is free but not compulsory. Since 1931 the educational budget was increased fivefold in a six-year period, and according to law must reach a minimum of 10 per cent of the total national budget. The National University, founded in 1573, is in Bogota, and there are four other universities.

**Public Health**—The National Public Health Department, whose budget in a recent year amounted to over seven million pesos, has increased its activities during recent administrations. Including expenditures by the various departments and municipalities, and by such organizations as the Inter-American Cooperative Service and Rockefeller Foundation, over twenty million pesos are spent annually for health and welfare purposes. Principal health problems include malaria, intestinal parasites and waterborne diseases, tuberculosis, venereal diseases, yaws, and smallpox. Facilities for prenatal and maternal care, tuberculosis, and other purposes are being expanded. There are 238 hospitals with 19,562 beds, 2,322 practicing physicians, a cancer institute, the National Institute of Medical Research devoted especially to leprosy investigation, an Institute of Epidemiology and Research, a laboratory for yellow fever studies operated in cooperation with the Rockefeller Foundation, and three schools of medicine at Bogota, Medellin and Cartagena. A model school of nursing has been opened recently in Bogota with the cooperation of the Pan American Sanitary Bureau and other organizations.



## COSTA RICA

JOSE AMADOR GUEVARA, M.D.

*Chief, Venereal Disease Control Department, Ministry of Public Health  
and Social Protection*

The following data may be recorded regarding the campaign to combat venereal diseases in Costa Rica: \*

1. The Department of Venereal Disease Control is the technical organization charged with all antivenereal activities.

2. The Antivenereal Social League, recently founded, is a voluntary organization which cooperates with the Chief of the Venereal Disease Control Department in his activities. The League was created for the purpose of promoting united effort of the public in health and social campaigns.

3. A joint campaign is now being organized, in which the Ministry of Health, the Costa Rica Social Security Board, the Inter-American Cooperative Public Health Service and the Pan American Sanitary Bureau will cooperate.

4. The National Congress will soon adopt a Sanitary Code which will provide for dealing with the venereal problem in a modern and scientific way. †

You may count on our full cooperation.

\*From a letter of September 14, 1943, to Dr. William F. Snow, American Social Hygiene Association.

† EDITOR'S NOTE: These laws were adopted in March, 1944.

### FACTS ABOUT COSTA RICA

**Area**—23,000 square miles

**Population**—687,354

**Capital**—San José; population 72,270

**Language**—Spanish

**Unit of currency**—The *colon*, worth 18 cents in U. S. currency.

**People**—About 80 per cent of the people are whites of Spanish origin, with 14 per cent mestizos (mixed white and Indian), four per cent Negroes, and less than one per cent pure Indian. Agriculture, chiefly coffee, bananas and cacao, is the source of livelihood directly or indirectly for almost the entire population.

**Climate and Physical Characteristics**—Area is about that of West Virginia, bounded by Nicaragua on the north, Panama on the south, the Caribbean on the east and the Pacific on the west. The climate varies from the hot zone of the coastal and river plains, through the pleasant temperate weather of the central plateau where most of the population is concentrated, to the cool, dry mountain heights.

**Government**—The power of government is primarily national, with governors of the seven provinces deriving their power from the authority of the president, who is elected directly by the people for a term of four years. The Constitutional Congress is composed of 47 Deputies elected for four-year terms, half every two years, by manhood suffrage. The Congress convenes on May 1 in ordinary session of 60 days each year. Voting for all elective offices is direct, secret and since 1936 compulsory. The president is responsible for the execution of the laws and other duties, and is assisted by a Cabinet of secretaries-of-state for the nine executive departments, two of which are Public Health and Education.

**Education**—A centralized school system is headed by the Department of Public Education. The annual appropriation for education, which for 1943 amounted to almost eight million colones, represents about 21 per cent of the national budget. Costa Rica is the fourth most literate of the 20 Latin American republics. About 81,000 students attend the 800 schools, of which 700 are maintained by the government. Elementary education is free and compulsory for children between seven and fourteen years. A decree of June 1944 provides that English be taught in all primary schools. A school of special instruction was recently established for physically handicapped and mentally retarded children. Graduates of the elementary schools may enter the School of Fine Arts, the School of Agriculture, the School of Commerce or one of several secondary schools. Graduates of secondary schools may attend a School of Social Service, or may do advanced study at the School of Education, which offers secondary education also. The National University of Costa Rica, with 730 students, includes schools of law, pharmacy, agriculture, education, art, engineering, sciences, liberal arts and dentistry.

**Public Health**—The public health budget for 1942 amounted to 2,844,878.14 colones or about \$483,629, and the 60 municipalities are required to devote 20 per cent. of their income to public health work. There were 22 health units throughout the country in 1942, each with a small maternity ward, and 24 children's clinics. There are 23 hospitals and clinics in the principal towns, with a total of 3,232 beds. It is estimated that there are 150 physicians in Costa Rica. There are a Central Laboratory, and a number of branch laboratories connected with the health units. In San Jose there is a school of nursing. The Institute of Inter-American Affairs is cooperating in the installation of laboratory facilities in health centers in Orosi, Tres Rios, Nicoya, Villa Colon, Turrialbe, Orotina, and Santa Maria.

**Societies**—Liga Social Antivenerea de Costa Rica, San Jose. There are a number of local branches.



## DOMINICAN REPUBLIC

L. F. THOMEN, M.D.

*Assistant Secretary of National Health and Public Welfare*

The venereal disease problem is one of those most seriously concerning the Dominican Government, and in recent years great efforts have been made to improve the national health services and the institutions of public welfare.

While we have not yet established in the organization of our Department of Health, a centralized system for guiding the campaign against syphilis and gonorrhea, these infections are combatted through various medical institutions in which diagnosis and treatment are offered free of charge to persons infected with these serious social diseases. Some of these institutions are devoted exclusively to venereology, but the activities of those which give attention to this specialty among other clinical services are not yet governed by a central organization charged with direct control.

The public welfare services of the Dominican Republic at present number eleven national hospitals for civilians, all of which provide anti-venereal treatment for both ambulatory and resident patients. The offices of the seventeen Health Physicians who work in the Provincial Health Districts into which the country is divided, furnish ambulatory treatment of individuals affected with venereal disease, and medical care is also given such patients in the thirty-eight rural clinics of the Health Campaign, which extends systematically throughout the country.

In Trujillo City—a Health District of 125,000 inhabitants—the Department of Public Health conducts a venereal disease clinic for men and an anti-venereal hospital for women, with a capacity of twenty patients. Both services are in charge of specially trained physicians, who are assisted by a sufficient number of trained personnel.

In addition to these two special centers, in three other large cities of the country the Municipal governments of the respective com-

munities maintain small anti-venereal clinics which are in charge of physicians of the Department of Health.

The official statistics regarding the principal venereal diseases reported in our country in the year 1943, show a total of 25,788 cases of syphilis, with an incidence of 14.8 per 1,000 inhabitants, and 5,637 cases of gonorrhea with an incidence of 3.0.

The Sanitary Legislation in force in the Dominican Republic prohibits prostitution, considered a source of venereal disease. At the same time penalties are provided for persons who transmit these diseases. The State is obligated to provide free treatment for such persons, and they are compelled by law to submit to treatment. If necessary, they may be hospitalized by compulsion of the health authorities, with the aid of the police, for protection of the public health. In addition, legislation regarding duties of the police, provides that they shall search out and investigate the secret centers of prostitution, which they are charged with suppressing as foci of immorality and vice. The strongest defense of the family against the social evil and transmission of disease to children is our law adopted in the year 1943, which requires premarital health certificates throughout the Republic.

We are glad to say that the Dominican Army has brought venereal diseases under control almost entirely among the members of the Republic's armed forces. As a requirement for acceptance, all who intend to enlist for military service, and also for the National Police, are obliged to submit to a rigorous physical examination and to prove themselves free from syphilis or other venereal diseases. Following admission to service, military or police, any infection which appears will be discovered in one of the frequent physical examinations which are conducted in accord with the disciplinary regulations of our military bodies. In addition, servicemen and members of the police are obliged to observe strict prophylaxis in their sexual relations.

The Department of Public Health of the Dominican Government recognizes the necessity and the advantages which lie in the centralization of the antivenereal campaign in an officially directed organization, and has under way a project for the establishment of a Division of Social Hygiene within this Department. In preparation for this we have sent physicians on scholarships to the United States, where they are studying venereology as a specialty and gaining the necessary technical knowledge concerning organization, so that a plan of campaign suited to the needs of our country may be recommended. In this plan will be included the establishment of a medical center for the diagnosis and treatment of the venereal diseases, more hospitals exclusively for patients suffering from these diseases, reorganization of the venereal clinics, establishment of laboratories especially for serving these clinics, and a campaign for public education, including information concerning scientific prophylaxis following sexual relations.

## FACTS ABOUT THE DOMINICAN REPUBLIC

**Area**—19,332 square miles

**Population**—1,768,162

**Capital**—Ciudad Trujillo; population 71,297

**Language**—Spanish

**Unit of currency**—U. S. money is principal circulating medium.

**People**—Of Spanish culture, the people are about two-thirds mestizo (Spanish and Indian), about 20 per cent Negro and about 13 per cent white. Nearly five-sixths of the population is rural.

**Climate and Physical Characteristics**—Occupies the eastern two-thirds of the mountainous island of Hispaniola, some fifty miles southeast of Cuba and an equal distance west from Puerto Rico. Temperature averages about 78° with little variation. Rainfall is usually heavy.

**Government**—The present constitution, that of 1934, provides for separation of powers into legislative, executive and judicial branches, prohibiting the delegation of functions by any. Legislative power is vested in the Congress, composed of a Senate and a Chamber of Deputies, all elected by direct vote for four-year terms. There is one senator from each of the 15 provinces and the Federal District, and one Deputy for each 30,000 persons, or at least two from each province. Executive power is in the president and vice-president, elected by direct vote for terms of four years, assisted by various cabinet officers. Suffrage is extended to all male Dominicans who are married or have reached 18 years, and individual rights of life and property, freedom of speech and peaceful association, of teaching and personal security, are guaranteed by the constitution.

**Education**—A National Council of Education, composed of four members appointed by the president, controls the educational system. The country is divided into 33 school districts in two administrative areas called *intendencias*. There are 859 primary schools, of which 788 are government-supported, with over 160,000 pupils, and education in agricultural pursuits is stressed. The nine secondary schools have approximately 1,800 students. There are about 50 vocational and night schools, and nine teachers' colleges. The University of Santo Domingo, chartered in 1538, has 700 students training in philosophy, law, medicine, pharmacy and chemical sciences, dental surgery, exact sciences, agronomy and veterinary medicine.

**Public Health**—The National Department of Health is headed by a cabinet member, and funds devoted to public health and welfare in 1939 amounted to 478,600 pesos, or 4.1 per cent of the national budget. The Republic was the first country in the Americas and probably in the world to make diphtheria immunization compulsory. Two types of organizations administer the program of health education, immunization, and preventive work against venereal disease, tuberculosis and malaria: public dispensaries, and sanitary brigades which travel over the country.



## HAITI

JULES THEBAUD, M.D.

*Director General, National Service of Health and Public Welfare*

### *Demographic and Social Aspects:*

The Republic of Haiti has an area of 28,676 square kilometers and an estimated population, according to studies made by the section of biostatistics of the National Health Service of Haiti, of 3,000,000 inhabitants or a density of 139 people per square kilometer. Under the inadequate conditions in which registration of births and deaths are made, and which indeed have brought about the reorganization of the Service charged with this work, a birth rate of 14.4, and a death rate of 4.4 have been recorded.

The rural population of the Republic is estimated at 2,400,000 and the urban at 600,000.

The rural groups are located chiefly in the plains, whose surface covers not more than 2,500 square kilometers, a little more than a tenth of the country's whole area.

The lack of rapid means of communication, not only between the rural groups but also between the rural areas and the towns, helps to safeguard the integrity of the country people and to protect them in a great measure from the vices of civilization against which the efforts of social hygiene are directed. To this may be added the partial survival of polygamy which, although it is illegal, is accepted among the country people as constituting true marriage, and which naturally limits promiscuous sexual activity among them. Also emphasis is placed on preservation of ancient and prudent traditions, and these maintain in the heart of the country family an atmosphere of morality, a true barrier set up against prostitution and other sophisticated customs which tend to corrupt morals in their sexual aspects.

On the other hand, social hygiene problems are acute among the urban group.

The principal cities, to the number of a dozen, Port-au-Prince, Cap-Haitien, Cayes, Jeremie, Jacmel, Port-de-Paix, St. Marc, Gonaives, Maragoane, Petit-Goave, and quite a number of other towns of lesser importance are strung out along the coast and are ports open to foreign commerce.

Nearly all of these towns are built in valleys at the foot of rather high mountains. The middle ground and the heights are occupied chiefly by the aristocracy and the middle classes. The greater part of the city's population lives at the foot of the towns and along the shores, often under most unhealthful conditions. The population is made up of sailors, fishermen, small merchants, porters, and peddlers, who live in general promiscuity. To a great extent these impoverished people come from the rural sections and slowly abandon their country ways. But they become easy prey to the corruption of the city.

Also, in the crowded hovels, which permit no privacy, the sexual act is despoiled, often, of all sentiment and becomes an ordinary routine affair. One naturally finds in these districts the sources of prostitution. It is chiefly in persons of that profession that syphilis and gonorrhea are found.

#### *Special Conditions:*

A common aspect of the social hygiene problem is found particularly in Haiti, in that the gulf which in the social order separates the rural and city masses from the aristocracy does not exist in the fields of sexual relations.

From that point of view there is a decided mingling between apparently distant social classes. To each family is attached a domestic staff composed in the greater part of women from the lower class. Often enough these girls happen to tempt the sexual appetite of the sons of the family, and they are no more particular about sex relations with others outside the family. From this situation there is great danger of infection and a new field of spread for syphilis and gonorrhea, if these members of the servant staff suffer from these diseases.

The situation is aggravated also by the fact that there are in the principal cities a certain number of uncontrolled houses of prostitution.

The recent introduction of certain commercial enterprises in Haiti, the industrialization projects now under study, and the economic developments which spring from them are factors encouraging means of communication between the towns and the country and thus aiding in an increase of the venereal diseases among the rural people.

#### *Social and Medical Measures:*

These are the problems. Now let us consider the duties of the agencies charged with social hygiene control in Haiti, from the double viewpoint of prevention and cure.

The important subject of social hygiene, for financial reasons, still remains more or less mingled with the general group of problems which relate to public health. It is not yet the duty of a separate bureau, with social service workers to search out the carriers of infection, report them to the Sanitary Police, and place them in

contact with agencies which can provide necessary treatment; to follow up those who are inclined to stop their visits to the clinics; and to confer with employers on behalf of sick employees. In this respect, the work is differently organized than in the United States and in the other Latin American countries.

At present the task of combating the venereal diseases rests with the National Service of Public Health and Social Welfare, organized in 1919. It has under its direction ten Health Districts, and a total of ten hospitals, nine asylums, and 124 rural dispensaries and clinics. Therefore the campaign against these diseases is conducted at present on a double front, in the cities and in the rural districts.

In each hospital there is a dispensary for men and women, where are maintained consultation and treatment services for ambulatory cases. All the hospitals have wards, semi-private and private accommodations for patients whose conditions necessitate hospitalization.

In the rural districts, the treatment of venereal diseases is conducted by the doctors and nurses in the dispensaries and clinics. The nine asylums, situated some kilometers away from the District headquarters, also join in the campaign against venereal diseases. Syphilis is responsible for a large percentage of causes of certain disabilities, and needy persons are kept in these institutions until they are able to work again. Here are the statistics of our Health Districts, taken from the *Bulletin* of the National Health Service for the period 1941-42:

SYPHILIS		GONORRHEA	
<i>Cases under Observation</i>		<i>Cases under Observation</i>	
Syphilis, s.a.i. ....	89,145	Gonorrhœa .....	5,002
Acquired syphilis .....	3,445	Gonorrhœal (conjunctivitis) .....	952
Congenital syphilis .....	581	Gonorrhœal orchitis .....	51
Syphilitic gummas .....	506	Gonorrhœal cystitis .....	105
Syphilitic ulcers .....	28,415	Gonorrhœal urethritis .....	179
Bone afflictions .....	5,037	Vaginitis .....	12
		Vulvitis .....	5
		Ophthalmic gonorrhœa .....	44

CHANCROID	
<i>Cases under Observation</i>	
Chancres, s.a.i. ....	11,380
Phagedenic ulcer .....	934

These statistics need interpretation, for they give only a slight idea of the extent of venereal diseases in Haiti, and are not correlated with actual social and biostatistical findings. To complete these figures, it would be necessary to add those of the Hospital of St. François de Salles, and of the Asylum Français, two charitable institutions in Port-au-Prince which take care of a great number of indigent patients infected with venereal diseases. It would be desirable also to take note particularly of the role played in the cities by private physicians treating these diseases. Syphilis and gonorrhea are still shameful diseases in the eyes of city-bred Haitians, and the great majority of city-dwellers seek the help of private physicians

to treat these infections. On the other hand, a good number of patients try to treat themselves, often by dangerous or uncertain means, or, as in the rural areas, with home remedies.

From the point of view of treatment, the campaign against the venereal diseases has made notable progress, but it would not be possible to say the same concerning preventive medicine. Aside from the advice and information given patients at the time they receive treatment from the physicians in hospitals, rural clinics and dispensaries, and asylums, or in charitable institutions or by private practitioners, it is hardly possible to say that education exists. Because of the lack of a special section charged with social hygiene work, the education of the masses is not organized.

Neither is the repression of prostitution as yet established. However, in the Haitian National Guard, the Health Service maintains a strict supervision, with the idea of revealing what service men are infected with venereal diseases. The sick soldiers are properly treated, being provided with a card by means of which they are followed until their treatment is completed.

All these different angles enter into a project now being studied to set up a Section for Social Hygiene. That project is part of a great health program being undertaken by the Direction Generale of the National Health Service, with the help of the Haitian Government, of the American Sanitary Mission and of the Pan American Sanitary Bureau.

In addition to two Health Centers which are actually functioning, many others are being built in connection with the training of visiting nurses. In their duties as liaison representatives, they will coordinate their activities with those of the Sanitary Police, with a view of finding venereal infections in the suburban groups, of tracking down the sources of these infections, of providing counsel and putting the infected persons in contact with the agencies whose duty is to treat and cure.

## FACTS ABOUT HAITI

**Area**—10,700 square miles

**Population—3,000,000**

**Capital**—Port-au-Prince; population 125,000

### **Language—French**

**Unit of Currency**—The *gourde*, worth 20 cents in U. S. currency.

**People**—Haiti is the only French-speaking republic in America. Nine-tenths of the population is engaged in agriculture. Possibly as many as ninety per cent of the inhabitants are Negro, with about ten per cent mulatto.

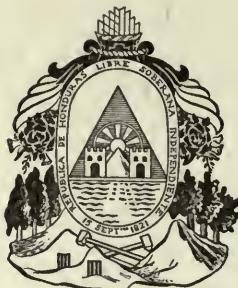
**Climate and Physical Characteristics**—Occupying the western third of the island of Hispaniola, about 50 miles southeast of Cuba, and ranking next to Cuba in size among the West Indies, Haiti consists largely of two peninsulas projecting westward, giving the country an extensive seacoast for its area. Temperature averages 70° to 85° with slight variation between summer and winter. Wet seasons occur in spring and fall.

**Government**—A constitutional republic with the three customary branches—legislative, executive and judicial. Administration of local governments or

*communes* is under direct control of the President, elected by the people for a term of five years, and a maximum of two terms. The Constitution provides suffrage for men and women over 21 years. The people elect a Chamber of Deputies of 37 members apportioned among the *arrondissements* into which the five departments of the Republic are divided. The Senate consists of 21 members, eleven elected by the Chamber and ten appointed by the President. As the National Assembly, the two houses convene in separate sessions annually on January 15 for three months.

**Education**—The Constitution makes primary education obligatory, but the system is handicapped by lack of funds and trained teachers. Urban education is under the Ministry of Public Instruction, and rural education under the Ministry of Agriculture. While the urban system, patterned on the French, has stressed eradication of illiteracy and classical education, rural schools follow American influences in attempting to establish a school-community bond and to meet specific pupil needs. A movement is under way to reorganize urban education to adapt it to local conditions. About 64,500 children are enrolled in primary schools and 5,364 in secondary schools. There are also 10 vocational schools, 4 private commercial schools, one normal school for training women teachers, the Normal Section of the Practical School of Agriculture for training men teachers in the rural schools; and separate professional schools in law (under the Department of Public Instruction), engineering (private), Medicine (under the Public Health Service), the Military School to train officers in the National Army and police force, the *Ecole Apostolique* which trains for the Catholic priesthood, and the School of Ethnology (private).

**Public Health**—The greatest health problems of the country are malaria, yaws, waterborne diseases, venereal diseases, and intestinal parasites. Tuberculosis figures are high. The National Public Health Service, organized in 1919, under the Ministry of Interior, had for the fiscal year 1939-40 an appropriation equivalent to \$508,000. The country is divided into health districts, and medical service is available through 11 hospitals, two asylums, a Communal Hospital and a health center at Port-au-Prince, and in rural clinics. The American Sanitary Mission in Haiti, which is the name of the cooperative service of the Institute of Inter-American Affairs there, operates a malaria laboratory in Port-au-Prince.



## HONDURAS

DR. PEDRO H. ORDÓÑEZ DíAZ \*  
*National Director of Public Health*

Adequate importance has not yet been placed on social hygiene among health activities in our country. The same procedures regarding venereal diseases are still practiced as have been going on for many years, although we realize that new methods can do much to prevent and control these diseases, and that they are a cause of degeneration of the race, and a cruel inheritance for posterity.

Fortunately we are now joining in the development of a campaign with the Inter-American Public Health Service, and have in process of planning an organization of efforts to find and treat venereal diseases, which we hope will eventually bring satisfactory results.

This campaign, however, is not far enough along to permit any useful description of its organization or methods, or to provide any statistics as to the extent of the problem in Honduras. After a year or so of work we shall be better able to report progress. The problem certainly merits the greatest care and attention, as upon its solution depends to a great degree the welfare of humanity. Venereal diseases at this time should more than ever be combated, since science now is able truly to make them disappear from the face of the earth.

### FACTS ABOUT HONDURAS

**Area**—46,332 square miles

**Population**—1,109,833

**Capital**—Tegucigalpa; population 47,223

**Language**—Spanish

**Unit of Currency**—The *lempira*, worth 49 cents in U. S. currency.

**People**—The influence of the inhabitants before Spanish invasion, that is the Aztecs and other Indian peoples, is still strong in the culture. About nine per cent of the people are Indians, 85 per cent mestizos, some three per cent white and three per cent of other races. Agriculture, stockraising and mining are predominant industries.

\*Abstracted from a letter of November 20, 1943, to Dr. William F. Snow, American Social Hygiene Association.

**Climate and Physical Characteristics**—Third largest of the Central American countries, Honduras is also the most mountainous. It borders Guatemala on the west, Nicaragua on the southeast, and El Salvador on the southwest, with the Caribbean Sea lying along its 440-mile north shore, and the Gulf of Fonseca (Pacific Ocean), rimming it for 40 miles on the south. The climate is tropical along the coasts and cooler in the high interior. The rainy season begins in May and continues until the middle of November.

**Government**—There are seventeen departments, each headed by a governor appointed by the President. The Constitution which went into effect in 1936, substantially a revision of the 1924 Constitution, provides for legislative power to be exercised by a Congress of Deputies elected for six-year terms, one for each 25,000 inhabitants, by popular vote. The President and Vice President are similarly elected for six-year terms, and a Cabinet assists the President with administration of the government. Certain definite regulations are laid down by the government respecting labor; and the family, as the fundamental unit of society, is provided with effective aid for maternity and the protection of minors.

**Education**—Primary education is free and compulsory for children between seven and 15 years. An enrollment of approximately 42,200 is in 900 primary schools. Upon completion of the five-year primary course, a secondary school course of five years follows, with special training preparatory for professional courses in law, medicine, pharmacy, or engineering; and with teacher training offered in 16 secondary schools. There are separate, national vocational schools for boys and girls, and a National Commercial School. Higher education is obtainable at the Central University of Honduras, which has schools of law, medicine, pharmacy, and sciences. A campaign against illiteracy is carried out in the night schools, barracks and prisons. The educational system is under the direction of the Minister of Education.

**Public Health**—Public health work is carried out by the Minister of Interior, Justice and Health, through the National Department of Health, with its divisions of Child Welfare, Tropical Diseases, Sanitary Engineering, Sanitary Police, Venereal Disease Control and Laboratories. Among principal activities of the Department are work against malaria and intestinal parasitoses, including treatment; smallpox vaccination; child welfare clinic and milk station; national tuberculosis sanatorium; inspection of food; inspection of industrial premises; improvement of water supplies; examination and treatment for venereal diseases; and health education. There are 12 hospitals in Honduras, with something over 1,000 beds, a school of medicine in the Central University, and a school of nursing.

The Inter-American Cooperative Health Service in Honduras has undertaken 22 major health projects, in helping to support and extend the work of the National Department of Health. A technical field party has aided in establishing clinics for tuberculosis, venereal diseases, communicable diseases, and maternal and child health; in improving water supplies and waste disposal; in setting up health centers and first aid dispensaries; and in health education through motion pictures, pamphlets and other means. Three doctors have been sent to the United States for graduate study, and other personnel are being given training. A new building is being constructed in the capital to house a health center, the four chief clinics, and the National Department.



### MEXICO \*

Up to 1920 activities for the control of venereal diseases were limited to weekly inspection and registration of prostitutes in Mexico City and some of the State capitals. A few of these women were kept briefly where they received perfunctory treatment. This, as can be well understood, was not enough to make a non-infectious case out of an infectious one, much less to prevent relapses of infection.

In 1920 the first anti-venereal dispensary was established, in Mexico City, to fulfill the need which was being felt more and more, of facilitating the treatment of numerous sufferers among the civilian population. These had been neglected and stigmatized, hiding their sufferings in their shame, and thus becoming active and efficient carriers of disease.

Success was immediate, and the benefits so evident that soon a second dispensary of the same type was established. One can safely say that the foundation of these two dispensaries marked in Mexico the beginning of a new health policy as regards the prevention of venereal diseases, as well as the beginning of the real campaign against this evil to humanity. By placing this work on the same epidemiological basis as other communicable diseases, improvement and development were enabled.

Little by little the number of dispensaries was increased in the Capital, and in 1926, when the work of the Department of Health was extended throughout the country, similar treatment centers were established in all the more densely populated centers.

#### *Organization and Administration*

At present there are 60 specialized anti-venereal clinics distributed among the principal cities of the Republic, with 430 Health Centers for smaller towns and 130 in rural areas. These last two services have a general program, part of which is devoted to activities in the campaign against venereal diseases.

All the work of the campaign is under the direction of a Central Office with a full-time specially trained physician in charge.

\* A paper prepared by the Central Technical Office of the Campaign against Venereal Diseases, of the National Department of Health, Versalles, No. 49, Mexico City, Mexico.

### *Hospital Facilities*

The Hospital Morelos in Mexico City has long been the chief facility for care of infectious cases. At present this institution is undergoing reorganization and alterations so that it can more adequately carry on this work. In the States, arrangements have been made with local authorities to set aside beds in city or municipal hospitals in every zone, for the interning of urgent cases.

### *Basic Outline of the Program*

Each Antivenereal Service directs its work towards the following objectives:

- a. Control of cases during infectious period;
- b. Adequate treatment to prevent relapses of infection;
- c. Prevention of congenital infections;
- d. Discovery of new cases and follow-up of patients under treatment;
- e. Educational activities.

Drugs are provided free of charge. Methods of treatment for syphilis are according to the standards formulated by the Clinical Cooperative Group; for gonorrhea, those of the American Neisserian Medical Society are used.

The principal venereal clinics have the necessary laboratory equipment for microscopic examinations, and during the last few years the darkfield examinations, have been emphatically insisted upon, so that at the present time, many of the Services make them as a routine practice. For serological tests there is a chain of regional laboratories to which blood samples are sent.

Growing attention is being paid to the investigation of contacts and a small corps of public health nurses with special venereal disease control training is available for the necessary field work.

Since venereal disease control is a comparatively new effort among us, many difficulties are encountered, but the preliminary results are favorable and encourage continuance with enthusiasm until the anticipated goal is reached.

### *Educational Program*

The educational program, which is now being intensified, is for the purpose of bringing to the general public information concerning the dangers of venereal diseases. Outside of the ample financial resources made available to the different services as mentioned above for educational work, they have been urged to adopt the following routine: At least once or twice a week a 5- or 10-minute lecture shall be given while the patients are in the waiting-room, before treatment begins; a paragraph or two from an approved pamphlet shall be read to them, followed by explanation and comments in the simplest words, and if possible showing illustrative photographs, or other graphic materials.

Educational leaflets and colored posters are used, and efforts are being made to increase the use of silent and sound films.

With the cooperation of the National University, of the National Association of Venereology and of the Mexican Society of Dermatology, the Central Office arranges yearly student and postgraduate courses in venereal disease control.

During the National Health Week, "Antivenereal Day" is celebrated.

During the year 1944 a training center has been established for instruction regarding treatment and control of the venereal diseases. This is conducted in Mexico City and as its name implies, has as its objective the inculcation of the fundamentals in the work of the antivenereal campaign. This is principally for the personnel of the Department of Health and Welfare, but is also available to the personnel of other official departments or institutions as well as to private physicians.

The center has developed three types of activities:

- a. Dispensary
- b. Laboratory
- c. Specialized training *per se*

It is thought of as in-training service, that is, as a unit which uses the practical tasks of the dispensary and laboratory to provide part of the specialized training which is its fundamental objective.

The center will sponsor semi-annual medical conferences to discuss diagnosis, laboratory techniques, treatment methods, preventive methods, educational techniques, social problems, etcetera, concerning the venereal diseases. It is hoped that these meetings will attract the special attention of private physicians and officials connected in one way or another with the problems and programs of the venereal campaign, so that they may become interested and lend their cooperation for the accomplishment of its objectives.

#### *Legislation*

In the Federal District and the Territories, the weekly registration and inspection of prostitutes has been abolished since 1940; and also since that time the Penal Code has prescribed punishment for knowingly infecting others with a venereal disease, for the solicitation of prostitution, exhibitionism, the conduct of bawdy houses or other business connected with prostitution, or for contributing to the delinquency of minors.

Various States of the Republic are adopting similar legal measures within their own jurisdictions, and thus we are able to say that the campaign for the elimination of prostitution is under way. In this field of work, however, there is a tremendous task ahead, because some of the other States are recalcitrant and continue to hold out for the system of licensed or regulated prostitution.

There is a Federal health regulation which includes the following provisions:

Compulsory reporting of cases by private physicians; compulsory treatment; enforced hospitalization where necessary; premarital examinations as a legal requisite for marriage; compulsory application of the Credé Method for all newly-born infants; the obligation of various federal, State and municipal authorities, as well as Labor Unions, to cooperate in the antivenereal campaign by establishing clinics or aiding in the maintenance of them.

#### *International Cooperation*

To deal with war emergency problems, a cooperative program along the Mexican-United States Border was established in 1941, for the more vigorous combating of venereal diseases. Because of war conditions, these infections were finding new and propitious means for their spread. This program, under the auspices of the governments of the two nations, has been progressing favorably under close, friendly, and mutual cooperation.

The best results have been obtained in the City of Juarez, Chihuahua. Municipal authorities there have lent their aid to the program by taking proper steps toward repression of prostitution, and the City of Juarez is serving in many ways as a model and example for the rest of the country, including the Capital.

One of the most satisfactory results of this program of international cooperation has been in regard to educational work.

Various carefully selected groups of medical health officers have received fellowships from the Pan American Sanitary Bureau in order to take postgraduate work in the U. S. Public Health Service Medical Center at Hot Springs National Park, Arkansas, and at Johns Hopkins University. Some laboratory experts have been sent to the U. S. Public Health Service Research Laboratory for Venereal Disease Control, at Staten Island, New York; and a group of public health nurses were sent to the School for Nurses at San Antonio, Texas. This splendid cooperation has already shown good results.

Also definite advances have been made in the field of scientific publications, thanks to the Bulletin *Informacion sobre Enfermedades Venereas* and to the pamphlet, *Programa Minimo de Trabajo para Dispensarios Antivenereos*, edited by the Pan American Sanitary Bureau, published in Mexico, and distributed throughout the Americas. Posters, moving pictures, and other popular educational materials are also being used in the campaign.

#### *Cooperation of Private Physicians*

The laboratories of the Health Department without exception attend to the requests of private physicians for free laboratory examinations for the diagnosis of venereal diseases.

It may be added, however, that up to this time, it has not been possible to get private physicians to cooperate fully as regards the reporting of venereal cases. Efforts towards this end continue.

*The National Association of Venereology*

This medical society, made up of physicians, official and private, specializing in this subject, and having members throughout the country, collaborates fully in the campaign and publishes bi-monthly the *Archivos Mexicanos de Venereo-Sifilis y Dermatologia*.

*Conclusion*

In this report effort has been made to give a picture of the present principal features of the antivenereal campaign in Mexico. For the sake of brevity, and since the purpose has been to tell about the work in general, many details have been omitted.

### UNITED STATES-MEXICO BORDER COOPERATIVE VENEREAL DISEASE PROGRAM

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In the winter of 1941 the attention of the U. S. Public Health Service was called to the fact that with the increase in our defense and war efforts there was a corresponding increase in the intermingling of the civilian and military populations along the United States-Mexico Border and with it an accompanying increase in the venereal disease rates, especially among the military personnel stationed along the border.

Due to the international nature of the problem the matter was referred to the Pan American Sanitary Bureau. A joint study made between representatives of the Federal Health Department of Mexico and the U. S. Public Health Service revealed that most of the larger communities on the United States side of the border offered fairly adequate facilities for the control of the venereal diseases. On the Mexican side of the border the facilities available were very inadequate. Commercialized prostitution was more flagrant on the Mexican than the United States side of the border. It was also recognized that the control of the venereal diseases among the civilian as well as the military population on either side of the border would not be practical without a coordinated cooperative control program on both sides of the international boundary. On February 5, 1942, a cooperative venereal disease control program was initiated between the Pan American Sanitary Bureau, the U. S. Public Health Service, and the Federal Health Department of Mexico. In order to coordinate the activities and assist with the development of the venereal disease program on the border, the Pan American Sanitary Bureau established a regional office in El Paso, Texas.

During the first year of this cooperative endeavor 17 Mexican physicians were designated by the Federal Health Department of Mexico for the purpose of receiving postgraduate training in the

United States in the control of the venereal diseases. Upon completion of their training period, nine were assigned to the venereal disease clinics along the Mexican border and eight were assigned to other venereal disease control centers in Mexico. Up to the present time a total of thirty-two physicians, fourteen nurses and three laboratory technicians have completed their post-graduate training in the United States.

During the present calendar year a demonstration and teaching center was established in Mexico City for the purpose of training the personnel employed in the venereal disease control program in Mexico. The center is fully equipped including a serologic and bacteriologic laboratory. The teaching staff is composed of well trained individuals within their particular fields. It is anticipated that new employees, as well as all physicians, nurses, social workers and laboratory technicians now employed in the venereal disease control program in Mexico, will in the course of time spend a training period of several months in the center. Besides overcoming the language difficulty experienced by the Latin-American trainees in the States, this center will offer the opportunity of training a larger number of individuals, per year, than could be trained through the available fellowship funds provided by voluntary and official agencies.

There has been a marked improvement in the quality as well as the quantity of work done on the Mexican side of the border. Besides the enlargement of the existing treatment facilities, new centers have been established. The clinics are well equipped and drugs and supplies are furnished in sufficient quantities. A laboratory has been established in Ciudad Juárez, Chihuahua; and by the end of the present calendar year another will be installed in Nuevo Laredo, Tamaulipas, Mexico. The Federal Health Department of Mexico has more than doubled the personnel assigned to the venereal disease control centers on the border.

We are grateful for the splendid cooperation received from state and local officials on both sides of the border. Practically all Mexican border communities have made provisions for the isolation of infectious cases in their municipal hospitals. They have also assisted considerably in the program by providing needed additional space and in some instances, additional personnel for the treatment centers. An outstanding contribution by state and local officials on the United States side of the border was the performance of the vast majority of the serologic tests for syphilis for the Mexican clinics until the laboratory in Ciudad Juárez was made available.

The El Paso office of the Pan American Sanitary Bureau has served as the connecting link in the liaison activities carried on between the health agencies of the United States and Mexican sides of the border. All contacts and sources of infection, especially among military personnel, are reported to this office, which in turn, makes the information available to the control officer in the community of its origin. A constant effort is being made to improve

the epidemiologic studies made in the border clinics. The liaison established between the United States and Mexican local officials has, insofar as the venereal diseases are concerned, erased all international boundaries.

As a means of better coordination of the health activities on the border, a conference was called by the Pan American Sanitary Bureau of health officials on both sides of the border, which was held in El Paso, Texas, and Ciudad Juárez, Chihuahua, Mexico, in June of 1943. As an outgrowth of this conference the United States-Mexico Border Public Health Association was organized, for the purpose of continuing the interchange of knowledge, as well as cooperating in the establishment of coordinated and cooperative public health activities along the border. The Association held its second annual meeting May 30-June 1, 1944. The first two meetings of the Association have been crowned with marked success and with their continued enthusiastic support and splendid cooperation many public health improvements along the border will undoubtedly result.

The educational activities emanating from the El Paso office of the Pan American Sanitary Bureau have included the publication of a bulletin entitled *Información Sobre Enfermedades Venéreas* (consisting of Spanish translations of articles appearing in *Venereal Disease Information*, published by the U. S. Public Health Service), and the publication of minimum standards for venereal disease control activities entitled *Programa Mínimo para Dispensarios Antivenéreos* which has been established as a minimum program by the Federal Health Department of Mexico. Ten different posters have been printed and are now in the process of distribution. Films and lantern slides have been made available to the various groups for educational purposes. Conferences and lectures have been held by members of the staff among professional and lay groups.

It is felt that this cooperative effort has served as a stimulus for the development of a program for the repression of prostitution in Mexico. The first border community, and incidentally the first community in Mexico, to institute a repression program was Ciudad Juárez, and a rigorous repression program has been maintained. The immediate lowering of the venereal disease rates in troops stationed in cantonment areas near Ciudad Juárez exemplified the benefits of such a program.

On September 18, 1942, the President of the Republic of Mexico, Manuel Avila Camacho, addressed a letter to the Governors of the States and Territories, and to Executives of the nation, requesting that the repression of prostitution replace the legalization and regulation of prostitution. Several states in the Mexican Republic have complied with this request. Of the border states, the State of Sonora was the first to institute repressive measures, closing all houses of prostitution in the border communities on September 2, 1943.

In this connection, at the United States-Mexico Border Public Health Conference in June of 1943, at which time the United

States-Mexico Border Public Health Association was organized, the following resolution was adopted:

A RESOLUTION IN RE REPRESSSION OF PROSTITUTION

(Adopted at Juárez-El Paso Conference, June 15-16, 1943

WHEREAS: Vigorous repression of prostitution in all of its forms has been repeatedly demonstrated to be an effective measure for reduction of the incidence of venereal diseases among the armed forces;

AND WHEREAS: This policy has been promulgated on the north side of the Border by the Army, Navy, Public Health Service, Social Protection Division and the American Social Hygiene Association; and on the south side of the Border by President Avila Camacho himself;

THEREFORE BE IT RESOLVED:

1. That the Mexico-United States Border Health Conference now in session urges faithful compliance with this policy not only with respect to organized houses of prostitution but also the practice of prostitution through any other avenues whatsoever such as honky tonks, taverns, tourist courts, hotels, etc.

2. That necessary laws be enacted and energetically enforced by the State and/or local authorities concerned in order to assure adequate repression of prostitution which will include specially severe penalties upon those who facilitate the practice of prostitution such as taxicab drivers, bell-boys, hotel-keepers, and others who may be aiding and abetting this practice, as well as suitable penalties upon prostitutes themselves.

3. That consistency demands repression of prostitution in ALL localities on both sides of the Border regardless of race or color.

4. That this Conference will appreciate an unqualified adherence to the policy herein set forth as an important contribution toward prompt and certain victory.

State laws legalizing and regulating prostitution have served as a serious handicap in our cooperative control program. The Mexican people are realizing that the archaic procedure of periodic examination of the prostitute in an attempt to diminish the number of infections has met with total failure. It is only through the elimination of the brothels and the maintenance of a rigorous repressive program that the number of sexual contacts with infected individuals can be diminished. We believe that in the course of time more states will recognize the value of repressive measures.

## FACTS ABOUT MEXICO

**Area**—758,258 square miles**Population**—19,546,135**Capital**—Mexico City**Language**—Spanish

Population, including Federal District, 1,749,916

**Unit of Currency**—The *peso*, worth 21 cents in U. S. currency.

**People**—Mexican civilization goes back to 1000 A.D., and the influence of the ancient Toltec and Aztec culture, though the people are both progressive and modern, is still strong in most phases of Mexican life. Although the greatest wealth is in minerals, rubber and petroleum, agriculture is the basic industry, more than sixty per cent of the people living in rural communities. There is wide variety of customs and dialect among the states which make up the Republic.

**Climate and Physical Characteristics**—The area is roughly seven-eighths the size of that part of the United States east of the Mississippi. Two mountain chains traverse the country northwest-southeast, forming between them a number of valleys and plateaus, of which the great central plateau is the dominant feature. The climate varies with altitude, from a mean temperature in the lowlands of 80° to 90°, to 70°-80° in the temperate plateau of average 6,000 feet elevation, and about 60° in the cool regions over 8,000 feet.

**Government**—The Republic of Mexico is divided into 28 states, a Federal District, and three territories. The Constitution of 1917, similar to one of 1857 except for important provisions concerning social welfare, labor and the land, provides for internal sovereignty of the states, and for a Federal government of the usual three branches. Congress consists of a Senate whose members are elected, two from each state, for terms of six years; and a Chamber of Deputies, elected one for every 100,000 inhabitants, for three-year terms. None of these officials may be elected for consecutive terms, nor may the President, who is chosen by direct, popular vote for a six-year term, return to office. The President's function is to promulgate and execute the laws of Congress, with the help of a cabinet of 11 secretaries of state for various departments, and five autonomous departments.

**Education**—Primary education is free and compulsory. More than 1,000 schools are supported by the Federal Government in urban communities in addition to several thousands in rural districts, while the states maintain about 5,700 in the cities and a larger number in the villages. It is estimated that almost one million children attend the city primary schools and nearly that number are registered in rural schools. Students enrolled in government secondary schools number about 8,000, with some 4,000 in private schools. The National Preparatory School in Mexico City, and a number of institutes in the states provide pre-professional training. Courses in teacher training for primary schools are given in 12 federal, 39 state, and 26 private schools. The National University has schools of philosophy and letters, architecture, plastic arts, music, law, economics, commerce and administration, medicine, dentistry, veterinary science, engineering and chemistry. There are several other centers of higher education and vocational schools of advanced grades.

**Public Health**—The National Department of Health cooperates with the states through the "Cooperative Health Services" in a variety of activities carried on by traveling sanitary brigades, local health units, and special types of units in the *ejidos* or collective agricultural communities. Appropriations for public health work increased from 3,466,759 pesos in 1925 to 16,500,000 in 1939. Among the most serious health problems are malaria, tuberculosis, intestinal parasites and waterborne diseases, infant mortality, venereal diseases, and leprosy.

**Societies**

Asociacion Nacional de Venereologia, Hospital Morelos, Mexico, D.F.

Sociedad Mexicana de Dermatologia, Mexico, D.F.

Sociedad Mexicana "Jose Torres" de Profilaxia Sanitaria y Moral, 8a del Naranjo No. 216, Mexico, D.F.



## NICARAGUA

LUIS MANUEL DEBAYLE, M.D.  
*National Director of Health*

Social hygiene, with its broad and close relation to the very lives of human beings and its never-changing, precise, and scientific principles, is a battle-front of vital importance which must be defended. For the destruction of nations and of races never starts from without but from within. The health of the individual, the essential basis of human happiness and progress, is one of the indispensable foundations to the structure of a society, or of a nation.

United as we are in the Americas by a common destiny and by an ardent desire for liberty which the American ever has in his veins, we should also be closely united in the sound aim of giving health and life to the people who make up this Hemisphere, which may later be the refuge of elements who may come from the other side of the seas, seeking peace in work, and happiness in life.

The Government of the Republic of Nicaragua, realizing that the development of health work is of primary importance and that venereal diseases are a social scourge, has enacted laws regulating the campaign against these diseases, including the following basic regulations:

1. The Government of Nicaragua does not recognize prostitution as a professional means of livelihood and all persons engaged in such business are subject to legal penalties.
2. All persons suffering from venereal diseases, (syphilis, gonorrhea, chancroid, lymphogranuloma venereum, Nicolas, and Favre's diseases) in the contagious stage, are obliged to submit to treatment either by private physicians or in one of the public clinics.
3. Each physician attending a case of venereal disease is obliged to report such case to the Director General of Health, and if the patient abandons treatment, this also must be reported.
4. People suffering from venereal disease who cannot pay are to be treated free in the dispensaries of the Public Health Service.
5. There is a special Section in the Public Health Service, known as "Venereal Disease Control" and which maintains a constant cam-

paign for health education, research, and treatment. In addition a bill has been placed before the Legislature dealing with *Pre-marital Medical Certificates*, as shown below, which soon is to be enacted in this country.

This, in short, is what is being done at the present time in Nicaragua and which we hope to improve upon in the future, by establishing free clinics where infection foci are found.

This struggle for health is arduous and difficult, and is not a one- or two-year job. It has to be carried on constantly and over a long period of time, above all in our country where great efforts are being made to make the people health-conscious. The publication of materials on such subjects in the JOURNAL OF SOCIAL HYGIENE is of great cooperative importance in these campaigns and demonstrates the altruistic spirit and high ideals of the American Social Hygiene Association, in taking an interest in the health of all the people of the American Continent.

#### PROPOSED LAW TO ESTABLISH PRE-MARITAL HEALTH CERTIFICATES IN NICARAGUA

*Art. 1*—There is hereby established the obligatory Pre-marital Medical Certificate, without which the justices or pastors of churches in the country cannot authorize performance of marriages.

*Art. 2*—Excepted from the provisions of Art. 1, are:

- a. Persons who live more than ten leagues from a duly authorized physician.
- b. Those having maintained common-law marriages and wishing to be legally married, and
- c. When one of the contracting parties is at the point of death.

In these cases, the contracting parties, under oath to tell the truth, shall swear before the respective Judge or pastor, who is to perform the ceremony, whether or not they suffer from one or more diseases which would prevent their marriage. The official functioning at the marriage shall send such data to the Public Health Service.

*Art. 3*—The following are prohibited from marrying:

- a. Syphilitics
- b. Those suffering from other venereal diseases
- c. Tuberculars
- d. Lepers
- e. Epileptics, imbeciles and insane, and
- f. Alcoholics; addicts of ether, morphine, heroin and cocaine; vagrants, prostitutes, pimps and owners of bawdy houses.

*Art. 4*—Only physicians legally authorized to practice their profession in the country may issue Health Certificates, and only after having made all laboratory examinations necessary (Wassermann, Kahn, etcetera, tests), and having determined that the person in question cannot transmit one of the diseases given in *Art. 3*, or cause injury to descendants and therefore to the community in which he lives.

*Art. 5*—In doubtful cases, physicians who issue the pre-marital certificate can only be released from responsibility by consulting with and presenting all data to the Public Health Service.

*Art. 6*—The pre-marital certificate shall be issued in triplicate by the physician, one being kept in the physician's files, one given to the person applying, and the third sent to the Public Health Service, not later than the third day after being issued.

*Art. 7*—Following is the form to be used for the Pre-marital Certificate:

**"PRE-MARITAL MEDICAL CERTIFICATE"**

The undersigned, Physician-Surgeon, legally authorized to practice his profession in the Republic, duly registered in the Public Health Service under No....., and under oath to tell the truth,

*Certifies:*

That having made a careful examination of.....whose identity has been established and whose photograph, finger prints and signature are on the margin, and after having used the examination methods recommended for such cases by medical science, including.....tests for diagnosing syphilis, results of which are attached, as issued by the Laboratory authorized by the Public Health Service, has found that he does not suffer from the diseases as given in Art. 3 of Legislative Decree dated....., which might incapacitate him legally for marriage.

This present Certificate and attached Report shall become invalidated after 15 days from the date of issue.

I issue this Certificate and attached Report, in....., on the ..... day of the month of.....in the year.....

(signature) Physician-Surgeon

*Art. 8*—Infractions of this law, considered a criminal misdemeanour, shall be punished administratively by a fine of from FIVE to FIVE THOUSAND CORDOBAS, according to damage caused or danger to which someone may have been exposed, in the judgment of the Public Health Service.

*Art. 9*—The Public Health Service shall be charged with the enforcement of this law.

### FACTS ABOUT NICARAGUA

**Area**—57,915 square miles

**Population**—1,013,946

**Capital**—Managua; population 118,448

**Language**—Spanish

**Unit of Currency**—The *cordoba*, worth 20 cents in U. S. currency.

**People**—Of Spanish and Indian descent, the people are primarily dependent on agriculture, cultivating only 5 per cent of an estimated 20 million acres of fertile land. About half the population is concentrated in the Pacific Coast region.

**Climate and Physical Characteristics**—About the size of Wisconsin, Nicaragua lies south of Honduras and north of Costa Rica, between the Pacific Ocean and the Caribbean Sea. The climate is tropical, with a mean temperature of 78° for the Pacific region, somewhat cooler in the mountains, and the characteristic tropical dry and rainy seasons.

**Government**—For purposes of administration, the republic is divided into 15 departments and a National District, with heads appointed by the President. The national government is divided into the usual three branches with their separate functions. Legislative power is vested in a Congress of two houses—the Chamber of Deputies and the Senate—which convenes on April 15 each year for 60 days. The Senate is composed of 15 senators elected by direct popular vote for six-year terms, plus the ex-Presidents, who are senators for life. Deputies are elected by direct popular vote for six-year terms, one for each 30,000 inhabitants, with an equal number of alternates elected simultaneously, and at least one deputy from each department. The President, similarly elected for six years, is

responsible to Congress, and is entrusted with the government and administration of the state.

**Education**—Primary education is free and compulsory for all children six to thirteen years of age. The educational system is highly centralized, under the Ministry of Public Instruction and Physical Education. The six-year course of elementary instruction makes teaching in agriculture for boys and home economics for girls compulsory. English is compulsory from the fourth grade through the first three years of secondary school. Public and private primary schools have a combined enrollment of some 61,000. There are 12 *institutos* or secondary schools with an enrollment of 1,253 students. Vocational education and higher education are offered in 15 commercial schools, two agricultural colleges, a Montessori school for kindergarten teachers, and three universities with varied graduate schools.

**Public Health**—Public health work is under the supervision of the Bureau of Health, created in 1937, and directly responsible to the President. The Bureau maintains clinics, including those for venereal diseases, carries on educational work, and must approve plans for institutions, sanatoriums, etc. School services include health examinations, medical and dental clinics, and courses in hygiene given in cooperation with the Ministry of Education. A visiting nurse service furnishes prenatal and obstetrical care; and dental, medical and hospital care are provided free when necessary. All cities are required to appropriate at least 10 per cent of their revenues for health work. There are some 130 physicians, 45 dentists, and 16 hospitals with 1,300 beds. The National Institute of Health furnishes a central laboratory service, with 15 branches, and also engages in research. Most important health problems are intestinal parasitoses, waterborne diseases, malaria, tuberculosis, and venereal diseases.



EDUCATIONAL PLACARDS PREPARED BY THE MEXICO  
DEPARTMENT OF HEALTH AND WELFARE



## PANAMA

ARTURO TAPIA C., M.D., M.P.H.

*Chief of the Division of Genito-Infectious Diseases, Department of Health, Republic of Panama*

The increased number of military personnel, the defense activities and the economic prosperity brought on by the war have created conditions favoring the spread of venereal diseases in the Republic of Panama. The problem is complicated by the fact that the population in Panama is made up of a heterogenous group of Panamanians, North Americans and foreigners attracted to the Isthmus by its growing prosperity.

The health authorities of the Republic and of the Canal Zone have united for the purpose of solving the problem, which interests the Panamanians as much as it does the North American military and civilian residents.

The cost of the campaign is being divided equally between the governments of Panama and the United States through the Office of the Coordinator of Interamerican Affairs.

The facilities for diagnosis and treatment of the venereal diseases have been augmented. In the city of Panama, a new Clinic has been constructed with all modern improvements. The treatment of all cases is done by medical specialists in these diseases. The Clinics which formerly existed continue functioning.

The Quarantine Hospital set up in Panama has been expanded. There are now 235 beds and there will soon be accommodations to receive 40 more. Since it is the only Hospital of its kind in the Republic of Panama, it is not large enough for the need and the erection of a new wing is contemplated.

Construction of a new Clinic in the city of Colon has been started. This Clinic will help to solve the problem of the overflow among patients going to the General Hospital. Mobile units are being organized to provide treatment for thickly populated but remote parts of the country.

Realizing that sexual promiscuity is the principal factor in the spread of syphilis and gonorrhea, the Panamanian Government,

through the Ministry of Government and Justice and its representatives has started a campaign for improvement of moral standards. The houses of assignation, hotels of doubtful reputation and similar places are being closed, and clandestine prostitutes arrested. The Ministry of Foreign Relations has instituted the deportation of many women who, attracted by prosperous conditions, have come to the Isthmus to practice prostitution. On the efficient carrying out of this phase of the program depends to a large extent the whole outcome of the campaign.

The newspapers have extended prompt cooperation in this project. The health authorities publish articles explaining the different aspects of the problem, and the press helps in this also. Meetings and conferences of various groups are held periodically, by members of the staff of the Department of Health, and illustrated by lantern-slides and motion pictures.

The Department has commenced to establish contacts with different civic organizations and is seeking their cooperation.

It is altogether too early to predict the results of these efforts. It is difficult to collect statistics which may adequately serve as a guide. Also, the problem of venereal diseases has always existed on the Isthmus, and it has increased since 1940. The Department of Health realizes that it is not possible to obtain spectacular results, but is confident that with the cooperation of all agencies interested the problem can eventually be solved.

As of August 1944 the following additional activities are reported:

1. Preparation and extensive distribution of pamphlets on gonorrhea, syphilis, congenital syphilis and other venereal diseases.
2. Meetings, with film showings and pamphlets distributed, in the principal towns and in each district of the capital city. This is done with the help of Civilian Defense, the Junior Chamber of Commerce and civic organizations.
3. Serological examinations of the population, by means of the visiting nurses, who go from house to house obtaining samples of blood.
4. Organization of a service, also in charge of the visiting nurses, for case holding and epidemiological investigations of contacts.
5. Free clinic service, particularly blood tests of patients who cannot pay, as part of routine physical examinations.
6. Distribution to the medical profession of recommendations for venereal disease treatment in accordance with the most recent medical knowledge.
7. Preparation of a treatment card which is given to each patient, to help in holding cases and keeping them coming for treatment although they change residence.

8. Establishment of two night clinics where treatment is given free of charge. It is planned to have one of these clinics in each district of the city.
9. Expansion of facilities for diagnosis, treatment and hospitalization of professional prostitutes.
10. Establishment of routine examinations of groups suspected of high venereal disease incidence: i.e., cabaret hostesses, restaurant employees and women whom the police suspect of sexual promiscuity.
11. Cooperation with the police and Foreign Relations authorities regarding the elimination and control of prostitution.
12. Campaign with the provincial authorities for repression of tolerated districts in both city and rural areas.
13. Expansion and intensification of information regarding venereal disease statistics, especially regarding careful diagnosis of the disease (whether latent syphilis, primary syphilis, etc.). We are meeting with excellent success regarding the increase of reports by institutions, official and unofficial, and by the physician specialists. This is occurring to such a degree that we believe we are rapidly getting an idea of the real extent of venereal disease in this country.

#### FACTS ABOUT PANAMA

**Area**—34,169 square miles

**Population**—631,637

**Capital**—Panama; population 111,893

**Language**—Spanish

**Unit of Currency**—The silver *balboa*, valued at about \$1.00.

**People**—Greatest influence on life in Panama is her strategic location at a crossroads of the world. Although the soil and climate are favorable for agriculture, so many of the people engage in commerce, industry and the tourist trade, that much of the necessary foodstuffs which could be produced there must be imported.

**Climate and Physical Characteristics**—Panama is an isthmus, connecting North and South America, but running east and west, with Costa Rica on its western border and Colombia on the east. The Caribbean is to the north and the Pacific on the south; and the Panama Canal and the Canal Zone, extending five miles on either side of the Canal, separate the east from the west. Two ranges of mountains traverse the length of the country, and the east contains vast stretches of tropical jungle. The climate varies from the tropical heat of the coastal areas to the refreshing coolness of the interior plateaus.

**Government**—There are seven provinces, each with its legislature which meets every year in December, and a governor appointed by and responsible to the President of the Republic. The National Assembly, composed of one chamber, meets on January second of every odd-numbered year, and is made up of deputies elected from the provinces by direct popular vote for six-year terms. The President, likewise elected by popular vote for a six year term, is assisted in administering the government by a Cabinet composed of Ministers of Government and Justice, Foreign Relations, the Treasury, Education, Health and Public Works, and Agriculture and Commerce.

**Education**—Primary education is compulsory for children 7 to 15 years of age, and the law requires the State to maintain a primary school in every community

having 30 or more school-age children. In 1942 there were 55,358 children in 549 primary schools. Following the primary course of six years come three years of preliminary work in secondary school, after which the student decides whether to finish in a *liceo*, which corresponds roughly to a senior high school, or in a trade, normal, nursing, commercial or agricultural school. Secondary schools in fine arts, drama and music have also been established. The National University of Panama, established in 1935, has increased its enrollment from 175 to 900, and has schools in arts and sciences, law, education, engineering, public administration and commerce, and pharmacy.

**Public Health**—Most important health problems are malaria, tuberculosis, intestinal parasites, and venereal diseases. Because of the Canal and the preventive measures which made its building possible, Panama has had the good fortune of furnishing a practical object lesson as to what public health measures may achieve in the campaign against preventable diseases. It has some of the best equipped hospitals and laboratories on the continent. There are about 200 physicians, 85 dentists, 16 hospitals with about 3,500 beds, two asylums, a leper colony with 105 patients, and a hospital for the insane.

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### Social Hygiene Films in Latin America

Some thirty-five prints of Spanish versions of the U. S. Public Health Service film *Fight Syphilis*,\* and of the American Social Hygiene Association's *Con Estas Armas (With These Weapons—the Story of Syphilis)*, are now in circulation in the other American republics, through the Health and Medical Film Unit of the Motion Picture Division, Office of the Coordinator of Inter-American Affairs. In addition, some of the Latin American countries have produced their own films, along with other materials, for education of the public regarding the dangers of venereal diseases, and generally speaking films are regarded among the good neighbor countries, as in the United States, as among the most effective educational tools.

Prints of *Con Estas Armas* are deposited at the following locations: The American Embassies at Buenos Aires, Argentina; Santiago, Chile; Bogota, Colombia; Habana, Cuba; Mexico City, Mexico; Lima, Peru; Montevideo, Uruguay; Caracas, Venezuela. The American Legations at La Paz, Bolivia; San José, Costa Rica; Quito, Ecuador; Guatemala City, Guatemala; Tegucigalpa, Honduras; Managua, Nicaragua; Asuncion, Paraguay; San Salvador, El Salvador; Trujillo, Dominican Republic. Also at the United States Consular Offices at Valparaiso, Chile; Barranquilla, Colombia; Le Ceiba, Honduras; Monterrey, Mexico; Guadalajara, Mexico; Guayaquil, Mexico.

The Association is now working on a Spanish version of the one-reel talking film *Plain Facts About Syphilis and Gonorrhea*, which it is hoped may also be of service in the social hygiene educational programs in Latin America.

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\* This film has also been translated in Portuguese for Brazilian use.



## PARAGUAY\*

We meet again at this reunion of the crusaders against venereal diseases in America, with our usual optimism and with minds open to useful suggestions which may be presented at this assembly, and which each year obliges each one of the countries represented to examine its health conscience as regards the struggle against venereal diseases.

With pride we can announce here, that in Paraguay, for some time, preventive measures paralleling those of treatment have been carried on in all medical activities for individual and group welfare. And not merely by coincidence has the highest health authority of the Nation during this administration added to its title of Ministry of Public Health that of Social Welfare. The results of this expansion will soon be evident in our objective, the conquest of the venereal diseases, because we know that besides health problems many economic and social questions are ever present in this campaign.

Generally and briefly we may report:

In our country, "Anti-venereal Day" is celebrated, year after year, with the usual educational program, especially the activities of the Department of Health Education and Information of the Ministry of Public Health, established in 1941. This Department has a daily radio broadcast hour, distributes the *Health Bulletin* and various other publications, leaflets and posters, illustrated and printed in simple language suitable for the general public.

In January 1942, the Division of Syphilis and Leprosy was created and put in charge of venereal disease control, statistics and the investigation of sources of infection.

In May of the same year the Interamerican Cooperative Service was created, attached to the Ministry of Public Health, which takes charge of the grants-in-aid received from the United States as a token of continental solidarity. Thanks to this Service many Paraguayan doctors are receiving fellowships abroad to perfect them-

\* A paper presented by the Venereal, Syphilis and Skin Dispensary at the Ninth Annual Celebration of Anti-venereal Day in the Republic of Argentina (September 1943).

selves in all medical and public health specialties, among them, the prevention of syphilis.

Through the Schools of Public Health Nursing and Social Work, which have a large, carefully chosen group of students, the principles of preventive medicine will be spread among all social classes.

In June 1942, a premarital examination, which is required of both parties and is not only for syphilis but for any other infectious or contagious disease, was made obligatory throughout the country.

Since May 1941 there has been a law making it obligatory to report all infectious or contagious diseases. Since October 1942 this law has been supported by a departmental resolution, recommending that all attending physicians inquire as to the origin of infection, that carriers may be treated.

With this brief summary, we wish to speak of the institution which more specifically struggles against syphilis and other venereal diseases; that is the Venereal, Syphilis and Skin Dispensary. This Dispensary, which was founded under the name of the Venereal Syphilis Prevention Institute, has had 25 years of uninterrupted activity. Its doors were not closed even during the hazardous days of our last war!

Step-child of so many administrations throughout the years, this clinic will very soon take its place in the same palatial building which will house the Ministry of Public Health and Social Welfare, the construction of which advances apace.

During the first half of this year (1943) 972 new patients have received treatment in the main Dispensary, and 9,670 injections have been given. However, not only routine work is done in service, but, by ruling of the Ministry of Public Health and under the direction of Prof. Insaurralde, the Dispensary has an experimental section for the modern rapid treatment of primary and secondary syphilis. The University of Chicago methods (fever-therapy and arsено-therapy combined) are used. Because of the minimum material resources required, this treatment, when finally verified and accepted, will place in many hands a new technique to shorten the treatment of syphilis and make it less tedious for the patient and less expensive for the private individual and for the public funds.

#### FACTS ABOUT PARAGUAY

**Area**—177,104 square miles

**Population**—1,014,773

**Capital**—Asunción; population 172,423

**Language**—Spanish

**Unit of Currency**—The *guarani*, worth 32 cents in U. S. currency.

**People**—Paraguay has produced a distinctive and homogeneous racial type, based on an original admixture of Guarani Indian and Spaniard, which has assimilated thoroughly the European immigrants who have come there.

**Climate and Physical Characteristics**—One of the two landlocked nations of Latin America, in the heart of the South American continent, Paraguay is

bordered on the northwest by Bolivia, on the northeast by Brazil, and on the south by Argentina. The eastern part, where most of the population concentrates, has dense tropical or sub-tropical forests alternating with cleared areas, grasslands and low plateaus. The *Gran Chaco* or western region consists of an almost unforested flat grassy plain 250 to 300 feet above sea level, largely inundated during the rainy season. The climate is sub-tropical, the average annual temperature being between 70° and 74°.

**Government**—The national government has an Executive Power vested in the President, chosen by direct general election for a term of five years, and his Cabinet; and a unicameral legislative body, the House of Representatives. One representative is elected for each 25,000 inhabitants for a term of five years, and the House convenes every year from April 1 to August 31. Citizens are guaranteed the right of suffrage, which is compulsory for all men over 18 years of age. The country is divided into 12 Departments, each governed by a Delegate of the Executive Power, responsible to the Ministry of Interior.

**Education**—Primary education is compulsory and provided by the State, which also provides secondary and university education largely at public expense. Approximately 100,000 pupils attend the 1,500 public and 100 private elementary schools, which are administered by a Director General of Schools. Schools designated "class one" prepare students for admission to secondary and normal schools. There are seven normal schools, four public secondary schools with an enrollment of 2,631, and five private secondary schools with 900 students. The university has facilities for the study of law, engineering, medicine, dentistry, pharmacy and surveying. Foreign languages, music and art are taught in the *Ateneo Paraguayo*, and the government maintains schools of commerce, radiotelegraphy, agriculture, military science and aviation.

**Public Health**—Important health problems are intestinal parasitoses, dysentery, typhoid and other gastro-intestinal diseases, malaria, tuberculosis, venereal diseases and leprosy. The Pan American Sanitary Bureau recently furnished the aid of a technical adviser in the reorganization of the health department. The budget for the Ministry of Public Health has been greatly increased in recent years, and in 1940 it amounted to about \$147,300. There are in Paraguay about 150 physicians, 65 dentists, 14 government hospitals with about 3,000 beds, 18 dispensaries with some 1,100 beds, three dental clinics, three asylums, and 8 private hospitals and sanatoriums. The rural sanitation service has health centers in more than 100 towns and villages.



## VENEZUELA

DR. FELIX LAIRET HIJO  
*Minister of Health and Social Welfare*

The antivenereal campaign in Venezuela was regularly established in 1938, with its organization and direction under the Venereological Division of the Public Health Service in the Ministry of Health and Social Welfare.

In close collaboration with the Ministry of Health and Social Welfare, the Military Health Service is in charge of the campaign among the forces of the national army.

From its beginning, the campaign has been progressively expanded by creation of new services, training and employment of additional specialized personnel, cooperation with other municipal and state organizations, and steadily increasing budget appropriations.

In 1938 the campaign began work with nine specialized services of which four were located in the Capital city, Caracas, and the others assigned to various locations in the Republic, under the Medical Chiefs of the Health Units, who, however, without auxiliary personnel were able to accomplish only a minimum of antivenereal work.

Since this time excellent progress has been made. Today we are able to rely upon 24 specialized services staffed by 24 syphilologists and seven urologists. In 25 towns, which because of sparse population and limited venereal problems, do not require special antivenereal services, the Medical Chief of the Sanitary Unit in his weekly program of work devotes two days, at least, to venereal disease. All the services are also staffed with trained personnel who assist the doctors in the clinic, administer the treatment as ordered, look after the records, search out new patients and sources of infection, and follow up patients who do not return regularly for treatment.

The population reached by these services totals 898,334 inhabitants.

The campaign in rural Venezuela is still a very modest effort. The rural health physicians have a variety of duties, mostly treatment, and carry on a minimum public health program, of which a part relates to venereal work. They do not have assistants but

are furnished with free drugs and supplies for the treatment of patients.

The budget assigned to the antivenereal campaign in 1938 was 548,980 Bolivars (about \$163,870. EDITOR) equivalent to 5 per cent of the amount assigned to the Public Health Service and 2.8 per cent of the General Health Budget. The appropriation has been increased until today it is 1,000,000 Bolivars (\$298,500) representing 8 per cent of the Budget of the Public Health Service and 4.8 per cent of the General Health Budget.

The antivenereal campaign is not set up as a separate independent campaign from that of other public health services. It is a part of the general health program and each Antivenereal Service forms an integral part of the local Health Services, which in Venezuela are designated as Units. In each Health Unit, in each type of campaign, all personnel takes part in the work of all the health activities conducted. In the antivenereal campaign, in addition to the Unit personnel, there is available the assistance of the health inspectors for supervision of Health Certificates; of the visiting nurses, for referring suspected cases encountered in their home visits; of the laboratory for the serological reactions; and of the maternal-infant health services for the prevention of congenital syphilis. According to the plan drawn up by the Division of Venereal Diseases the campaign works to diminish the incidence of the venereal diseases by means of treatment, which is obligatory, according to the anti-venereal law.

Through this program there are attained:

- a) Treatment of infections until non-infectious; This, in the case of syphilis, is obtained with the administration in sequence of 20 arsenical ampules, and 20 of a heavy metal (bismuth).
- b) The prevention of late syphilitic lesions, which according to data compiled by the American Cooperative Clinical Group is obtained with this minimum treatment.
- c) The prevention of congenital syphilis by means of prenatal treatment, especially the arsenicals, for pregnant women.
- d) Clinical cure: with 30 arsenical injections and 40 of bismuth as a minimum.

By these means we endeavor to diminish one of the important causes of death, as brought about by late syphilis; particularly syphilis of the nervous system or cardiovascular system.

In order to achieve these objectives we have proceeded as follows:

1. Search for new cases by means of examination of health groups (clinical examination and blood tests), the health certificates required of all food handlers being of great value in this respect.
2. Investigation of sources of infection and contacts of recently infected patients.

3. Follow up by visiting nurses of patients lapsing treatment.
4. Investigation and strict control of the principal sources of contagion.

Inasmuch as in our country the prostitute constitutes the principal source of venereal infection, strict control is exercised over these women. All those who become infected must submit to treatment and the healthy ones are under continued supervision. (Clinic visits every two weeks and blood tests every month.)

The reports and statistics of each of the Antivenereal Services are centralized in the Venereological Division and a monthly summary of activities is sent in by each Health Unit. In this way the Division is in a position to gauge the intensity of the venereal problem in the Republic; and to direct and to advance the campaign efficiently.

Thus a plan of action has been set up for all the Antivenereal Services of the Republic, establishing methods of work, standardizing schedules of treatment (for recent syphilis or infections of less than two-year duration; for late syphilis; and for syphilis in pregnancy and infancy); and supplying every type of drug. Through this plan we have been able to keep patients under treatment, even though they move from one part of the country to the other. The "treatment card" which must be provided to patients under the Antivenereal Law has been of substantial benefit in this respect.

The work of public education is directed by the Division utilizing all possible methods.

That knowledge regarding venereal problems may reach all physicians, the Division has founded the *Boletin de Venereología* and crowned its labors with the celebration in Caracas, in February 1943 of the first Venezuelan Conference on Venereology and Dermatology. The first volume of the proceedings has already been published and distributed in all American countries by the Ministry of Health and Social Welfare.

At present, considering the short time since the work was organized, it is impossible to make an exact evaluation of the results obtained, but observing the steady increase in activities, and the growing number of new patients, as well as the improvement in attendance on treatment, we believe that this difficult fight against a stubborn foe goes well.

For example, we present the following data:

- a) The admission of new cases with recent or infectious syphilis in the course of the present year has exceeded by 38.2 per cent those received during the previous year.
- b) The total number of patients registered with recent syphilis has reached 15,123; the monthly average of patient attendance has been improved by 10 per cent over the former year; the number of prostitutes actually under supervision has risen to 8,314.

c) The most favorable result of all is seen in the marked increase in "cases rendered non-infectious" and in "clinical cures" achieved during the current year; double those of the previous year.

## FACTS ABOUT VENEZUELA

**Area**—352,170 square miles

**Population—3,943,239**

**Capital**—Caracas; population 203,342

**Language—Spanish**

**Unit of Currency**—The *bolivar*, worth 30 cents in U. S. currency.

**People**—Although oil is the chief export, agriculture and stock-raising are the chief occupations, with 75 per cent of the people engaged in raising and marketing crops. The average density per square mile is only 11.2, with most of the population concentrated in the northern states.

**Climate and Physical Characteristics**—Lying in the northern extreme of South America, entirely within the Torrid Zone, Venezuela is bordered on the north and northeast by the Caribbean Sea, on the east by British Guiana, on the southeast by Brazil, and on the west and southwest by Colombia. Four principal regions are: the Guayana Highlands in the south, largely unexplored; the central plains or *llanos*, used principally for grazing; the mountainous region, which is temperate, most densely populated, and the chief agricultural section; and the narrow strip along the coast which is the source of oil. The climate is tropical in the central *llanos* and coastal regions, and temperate in the higher parts.

**Government**—Twenty states, two Federal territories, a Federal Dependency and the Federal District comprise the United States of Venezuela, which has a federal form of government under the Constitution of 1936, with governmental functions distributed among the Union, the states and the municipalities. Legislative power is vested in a Congress of two houses: a Chamber of Deputies elected by conventions representing the municipalities, which elect one deputy for each 35,000 inhabitants, and an equal number of alternates; and a Senate composed of two senators from each state. Both are elected for terms of four years, and Congress convenes annually for at least 90 days. The President is elected by Congress for a five-year term, and is charged with execution of laws passed by Congress and administration of federal affairs generally, with the assistance of a Cabinet of ten Ministers, including a minister of National Education and a Minister of Health and Social Welfare.

**Education**—Primary education is compulsory for children between seven and fourteen years; and education is centralized under the control of the Federal Government. There are over 5,500 primary schools of rural and urban types enrolling 360,000 pupils. Rural education is carried on through pedagogical missions assigned to given areas where they conduct Welfare Institutes, with activities ranging from teaching to sanitation and road-building. There are 48 secondary or normal schools, and 19 normal schools giving teacher training, plus three rural normal schools with curricula adapted to the needs of agricultural communities. The Central University in Caracas, and the University of the Andes in Merida have schools of medicine, political science, physical sciences, mathematics, dentistry, pharmacy and others. Special schools offer higher education in agriculture, commerce and modern languages.

**Public Health**—The Ministry of Public Health and Social Welfare is in charge of all health work, with divisions of mother and child welfare, school hygiene, yellow fever, malaria, venereal diseases, tuberculosis, epidemiology and social welfare. Most intensive work is being done in the fields of malaria control; tuberculosis, maternal and child welfare, venereal diseases, and health education. Maternal and infant hygiene is handled through health centers throughout the country; and special hospitals, sanatoriums, and dispensaries are being used or planned for tuberculosis, maternal and child care, and venereal diseases. Also connected with public health work are the Cancer Institute and the Institute of Hygiene and Tropical Medicine.

## NATIONAL EVENTS

REBA RAYBURN

*Washington Liaison Office, American Social Hygiene Association*

**U. S. Public Health Service Holds National Conference on Postwar Venereal Disease Control.**—Another National Venereal Disease Control Conference will be conducted under the auspices of the U. S. Public Health Service in St. Louis, Missouri, November 9, 10 and 11, when leading experts from the United States and other countries will consider international and postwar venereal disease control and other specialized subjects. State and local health officers, venereal disease control officers, practicing physicians, and all others engaged in venereal disease control, including social hygiene executives and other community leaders, are invited to attend the sessions in the St. Louis Medical Society Building at 3839 Lyndell Court. This will be the third national venereal disease control conference sponsored by the USPHS, the first having been held in 1936 in Washington and the second in 1942 at Hot Springs, Arkansas.

With Surgeon General Thomas Parran in the chair, and following greetings from Federal Security Administrator Paul V. McNutt, Missouri, Governor Forrest Donnel and other officials, a three-day program packed full of vital and interesting talks and discussion will be presented, including:

The purposes and problems of the Conference presented by Surgeon General Parran and Medical Director John R. Heller, Jr., USPHS; discussion of Army and Navy venereal disease control programs; papers on penicillin therapy by Dr. J. E. Moore, Dr. John H. Stokes, and Medical Director J. F. Mahoney; a symposium on *International Control of Venereal Diseases* with representatives from England, Canada, Mexico and Norway; section meetings which will be reported to the entire group, on *Diagnostic and Therapeutic Procedures in Gonorrhea, Diagnostic and Therapeutic Procedures in Syphilis, Epidemiology, and Education and Community Action*.

Later issues of the JOURNAL will report more fully on these sessions. Voluntary agency representatives at the conference have been invited to attend a dinner on the evening before the first session, Wednesday, November 8, at 6:30 P.M. at the Coronado Hotel, as guests of the American Social Hygiene Association.

**Congress Appropriates \$12,500,000 for VD Control.**—For the year beginning July first 1944 Congress appropriated \$12,500,000 for venereal disease control to be expended through the U. S. Public Health Service and Federal grants to the states. The Appropriation Bill for the Department of Labor and Federal Security Agency, which included the items comprising this sum was passed by the Senate and House and signed by the President on June 28. After brief discussion of the VD control allotments in the Subcommittees, under the able chairmanship of Senator McCarran and Representative Butler B. Hare respectively, unanimous approval was given

this amount as requested in the President's budget. The \$12,339,000 provided under the provisions of the LaFollette-Bulwinkle Venereal Disease Control Act of 1938 was supplemented by travel allowances and various items coming under other headings in the Federal Security Agency funds to bring the total to \$12,500,000, which is the same as last year's appropriation.

Introduced at the House hearings was the interesting table shown below, giving the various bases for allotments to the states during the 1943-44 fiscal year including in the last column the minimum amount required to be matched by state and other appropriations.

*Allotment of venereal disease control funds for fiscal year ending June 30, 1944*

State	Total	Population basis	Venereal disease problem basis		Financial need basis	Amount to be matched
			General	War need		
Total.....	\$10,276,200	\$2,369,200	\$2,343,200	\$3,229,200	\$2,334,600	\$4,666,700
Alabama . . . . .	427,800	50,500	112,100	140,900	124,300	162,600
Alaska . . . . .	40,900	1,400	23,200	12,900	3,400	24,600
Arizona . . . . .	53,100	6,300	22,400	18,400	6,000	28,900
Arkansas . . . . .	179,000	29,200	35,800	42,500	71,500	64,900
California <sup>1</sup> . . . . .	429,600	142,400	96,800	155,700	34,700	235,000
Colorado . . . . .	86,000	20,700	18,500	29,100	17,700	39,200
Connecticut . . . . .	79,100	31,700	12,000	30,100	5,300	43,600
Delaware . . . . .	21,600	5,300	6,800	8,600	900	12,100
District of Columbia	102,300	16,000	45,600	40,400	300	51,900
Florida . . . . .	330,300	40,300	94,700	148,700	46,600	135,000
Georgia . . . . .	485,100	58,700	127,000	177,800	121,600	178,500
Hawaii . . . . .	41,800	6,100	5,300	17,600	12,800	11,400
Idaho . . . . .	36,700	7,800	11,300	9,100	8,500	19,000
Illinois <sup>2</sup> . . . . .	425,800	146,200	128,800	90,000	60,800	257,500
Indiana . . . . .	199,800	56,800	37,100	60,000	45,900	95,900
Iowa . . . . .	117,800	43,900	17,900	15,800	40,200	62,300
Kansas . . . . .	134,700	33,200	20,700	43,500	37,300	54,400
Kentucky . . . . .	353,600	50,500	68,400	128,000	106,700	118,900
Louisiana . . . . .	332,500	42,700	82,500	135,400	71,900	125,200
Maine . . . . .	50,200	13,900	9,100	14,900	12,300	23,000
Maryland . . . . .	144,600	37,500	33,600	58,500	15,000	48,000
Massachusetts . . . . .	129,100	74,600	20,400	9,800	24,300	95,000
Michigan . . . . .	259,600	95,400	42,200	70,200	51,800	137,100
Minnesota . . . . .	125,200	46,300	30,300	7,900	41,600	76,600
Mississippi . . . . .	464,900	39,100	107,500	181,300	127,000	146,500
Missouri . . . . .	199,900	58,200	38,500	50,000	53,200	99,700
Montana . . . . .	31,600	7,400	14,900	4,100	5,200	22,400
Nebraska . . . . .	76,500	20,100	14,000	19,100	23,300	35,100
Nevada . . . . .	15,600	2,500	7,400	5,200	500	9,900
New Hampshire . . . . .	27,000	8,700	5,600	5,700	7,000	14,200
New Jersey . . . . .	171,600	78,000	43,900	39,600	10,100	121,900
New Mexico . . . . .	60,300	9,600	14,100	20,200	16,400	21,900
New York . . . . .	530,300	229,300	136,100	119,200	45,700	365,400
North Carolina . . . . .	419,900	62,200	95,300	140,300	122,100	157,500
North Dakota . . . . .	35,800	10,500	8,600	2,100	14,600	19,100
Ohio . . . . .	342,900	134,700	76,700	76,100	65,400	205,400
Oklahoma . . . . .	226,000	37,600	52,600	74,300	61,500	93,200
Oregon . . . . .	95,700	22,200	17,700	42,700	13,100	41,500
Pennsylvania . . . . .	432,900	178,200	73,600	77,500	103,600	251,800
Puerto Rico . . . . .	382,200	28,900	49,100	118,400	185,800	78,000
Rhode Island . . . . .	31,000	11,600	4,600	10,300	4,500	16,200
South Carolina . . . . .	328,900	35,900	72,600	133,600	86,800	108,500
South Dakota . . . . .	45,700	9,700	15,200	7,400	13,400	24,900
Tennessee . . . . .	309,300	48,100	75,400	88,100	97,700	123,400
Texas . . . . .	696,600	114,200	172,800	264,100	145,500	287,000
Utah . . . . .	54,600	9,600	16,200	19,900	8,900	25,900
Vermont . . . . .	19,800	5,900	4,300	3,800	5,800	10,200
Virginia . . . . .	277,700	39,300	47,500	144,200	46,700	86,700
Virgin Islands . . . . .	14,600	500	3,400	7,700	3,000	3,900
Washington . . . . .	99,700	31,300	14,200	40,500	13,700	47,500
West Virginia . . . . .	139,800	30,800	31,100	34,500	43,400	61,900
Wisconsin . . . . .	137,000	53,900	20,100	16,100	46,900	75,000
Wyoming . . . . .	22,200	3,800	7,700	8,300	2,400	11,500

<sup>1</sup>The sum of \$24,950 allocated to California to be earmarked for the support of the regional central tabulating unit.

<sup>2</sup>The sum of \$25,000 allocated to Illinois to be earmarked for the support of the regional central tabulating unit.

**Rapid Treatment Centers Use Penicillin for Early Syphilis.**—Large-scale use of penicillin in the treatment of early syphilis is being undertaken by the U. S. Public Health Service and a number of State health departments, according to Dr. J. R. Heller, Jr., chief of USPHS Venereal Disease Division. Selected patients with early syphilis will receive penicillin in rapid treatment centers, of which there are more than 50 in the United States. Thirty-six centers in 18 states are already participating in the penicillin program. To date approximately 20,000 patients have been admitted to the centers and have been treated for syphilis and gonorrhea with new intensive methods. Penicillin already has been used successfully at the rapid treatment centers for treating gonorrhea cases that did not respond to sulfa drugs.

Studies of the effectiveness of penicillin in the treatment of syphilis will be conducted by the Public Health Service in cooperation with the National Research Council. The program of penicillin therapy for syphilis in the rapid treatment centers is a research as well as a treatment program:

"If these studies prove that penicillin is as effective as everyone hopes," said Dr. Heller, "we will be armed with a powerful new weapon in the national fight against syphilis. The effectiveness of penicillin in the treatment of syphilis has not been fully evaluated. However, evidence of its possibilities, following the original treatment of syphilis patients by PHS physicians at Staten Island in 1943, is sufficient to warrant its large-scale use in the interest of public health.

"It is of interest that about one-third of all the syphilis patients admitted to rapid treatment centers are infected also with gonorrhea. Penicillin has already proved its value in treating gonorrhea. If it should prove equally as effective in treating syphilis it would be possible, for the first time in medical history, to treat patients with both these venereal diseases with a single drug."

In studies conducted by the Army, the Navy, and the USPHS in collaboration with the Penicillin Panel of the National Research Council, more than 1,000 patients with syphilis in all stages have been treated with penicillin. The drug has an immediate effect on syphilis of all types; but additional time must pass before permanence of results can be judged. Most of the patients selected for penicillin treatment in the PHS program will be persons with early untreated syphilis who can be reexamined regularly for a period of six months or a year. Two schedules of penicillin therapy are being considered in the USPHS program—a four-day schedule and an eight-day schedule.

State rapid treatment centers to which USPHS physicians have been assigned to supervise the medical program, and which are already participating, include:

San Diego, Calif.; Denver and Pueblo, Colo.; Ocala, Wakulla, and Jacksonville, Fla.; Pineville and New Orleans, La.; Ann Arbor, Mich.; Meridian and

McLain, Miss.; Albuquerque, N. M.; Charlotte, N. C.; Rush Springs, Okla.; Columbia, S. C. (three centers); Nashville, Chattanooga, and Memphis, Tenn.; San Antonio, El Paso, and Waco, Texas; Richmond, Va.; Seattle and Grand Mound, Wash.; and Washington, D. C.

Federal rapid treatment centers participating, include:

Birmingham, Ala.; Hot Springs, Ark.; Pensacola, Fla.; Savannah and Augusta, Ga.; Greenwood, Miss.; St. Louis, Mo.; Durham, N. C.; Norfolk, Va.; Charleston, W. Va.

In May the USPHS released a map showing the location of various types of rapid treatment centers assisted by Lanham Act Funds. (See map, page 442.) Following is a list of these centers as of April 1944, including names of the respective medical officers in charge:

**Alabama:**

Mid-South Medical Center, South Park Unit, 301 South Park Road, West End, Birmingham.

P. A. Surgeon (R) Ivan E. Martin.

Slossfield Unit, 2500-20th Street, North, Birmingham.

P. A. Surgeon William B. Perry.

**Arizona:**

Phoenix Venereal Disease Quarantine Hospital, 205 East Madison Street, Phoenix.

P. A. Surgeon (R) Paul M. Armour.

**Colorado:**

Rapid Treatment Center, Denver General Hospital, 935 Bannock Street, Denver 4.

Surgeon (R) W. L. Chadwick.

Pueblo Rapid Treatment Center, 29th and Court Streets, Pueblo.

P. A. Surgeon (R) D. W. Dykstra.

**District of Columbia:**

Venereal Disease Rapid Treatment Center, Gallinger Hospital, 19th and Massachusetts Avenue, S. E., Washington, D. C.

P. A. Surgeon (R) Sidney Olansky.

**Florida:**

Wakulla Rapid Treatment Center No. 1, Wakulla.

P. A. Surgeon (R) George H. Smullen.

Ocala Rapid Treatment Center No. 2 (White), P.O. Box 577, Ocala.

Surgeon (R) Alfred E. Troncelliti.

Jacksonville Rapid Treatment Center No. 4, Duval County Hospital, 2000 Jefferson Street, Jacksonville.

P. A. Surgeon (R) Nathaniel Jones.

Gulf Coast Medical Center, P.O. Box 2128, Pensacola.

Surgeon (R) Ford S. Williams.

**Georgia:**

Southeastern Medical Center, Oatland Island, Route No. 2, Savannah. P. A. Surgeon Clarence A. Smith (4-15-44).

Piedmont Medical Center, #1 Mill-edge Road, Augusta. Surgeon (R) Forest C. Hunter.

**Illinois:**

Chicago Intensive Treatment Center, 2449 South Dearborn Street, Chicago. Surgeon (R) H. W. Kendall.

(Address Dr. Herman N. Bundesen.)

**Indiana:**

Venereal Disease Isolation Hospital, Fletcher Sanitorium, 1140 East Market Street, Indianapolis.

Dr. H. M. Beatty.

**Iowa:**

Rapid Treatment Center, St. Joseph Mercy Hospital, Sioux City.

Rapid Treatment Center, Broadlawns Hospital, Des Moines.

Rapid Treatment Center, University Hospital, Iowa City.

**Kentucky:**

Rapid Treatment Center, Louisville City Hospital, Louisville.

**Louisiana:**

Leesville Quarantine Hospital, Leesville.

P. A. Surgeon (R) Carl G. Kuehn.

**Minnesota:**

Women's Detention Home, Minneapolis.

**Mississippi:**

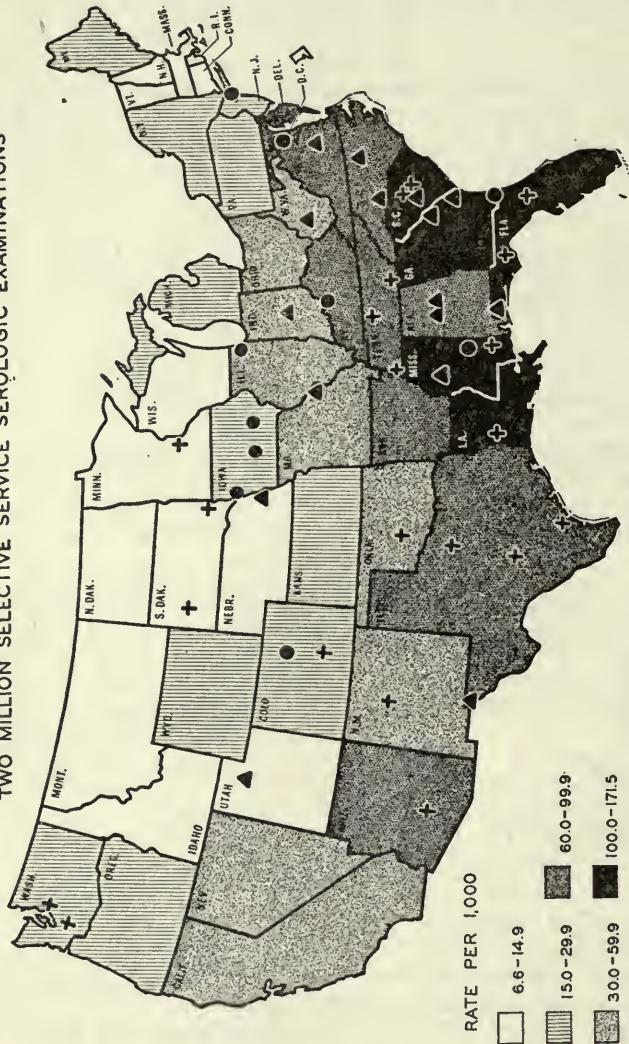
Delta Medical Center, P.O. Box 937, Greenwood.

P. A. Surgeon (R) Francis D. Wilder.

VENEREAL DISEASE RAPID TREATMENT CENTERS ASSISTED BY LANHAM ACT FUNDS

(AS OF MAY 1944)

IN RELATION TO SYPHILIS RATES PER THOUSAND, DERIVED FROM  
TWO MILLION SELECTIVE SERVICE SEROLOGIC EXAMINATIONS



- LOCATED IN GENERAL HOSPITAL
- ▲ NOT LOCATED IN GENERAL HOSPITAL AND ACCEPTS BOTH MALE AND FEMALE PATIENTS
- + NOT LOCATED IN GENERAL HOSPITAL AND ACCEPTS FEMALE PATIENTS ONLY

Public Health Rapid Treatment Center, Matty Hersee Hospital, Meridian.  
Asst. Surgeon John F. Flynn.

Public Health Treatment Center, McLain.  
P. A. Surgeon (R) Milford M. Greenbaum.

**Missouri:**

Midwestern Medical Center, 3630 Marine Avenue, St. Louis 18.  
Surgeon Leland J. Hanchett.

**Nebraska:**

Intensive Treatment Center, 1702 Grace Street, Omaha.

**New Mexico:**

New Mexico Intensive Treatment Center, 1305 East Gold Avenue, Albuquerque.  
Asst. Surgeon (R) Herbert M. Leavitt.

**New York:**

Bellevue Hospital Rapid Treatment Center, New York.  
Surgeon (R) Cornelius T. Stepita.

**North Carolina:**

Rapid Treatment Center, Box 1968, Charlotte.  
P. A. Surgeon (R) Howard P. Steiger.

U. S. Public Health Service Medical Center, P.O. Box 1729, Durham.  
P. A. Surgeon Evert A. Swensson.

**Oklahoma:**

Oklahoma State Rapid Treatment Hospital, Rush Springs.  
Surgeon (R) C. A. Shumate.

**South Carolina:**

Quarantine Hospital No. 1 (colored), Route 3, Box 990, Columbia.  
P. A. Surgeon (R) Maynard C. Shiffer.

Quarantine Hospital No. 2, Route 2, Box 480, West Columbia.  
P. A. Surgeon (R) Andrew P. Sackett.

Quarantine Hospital No. 3, Route 2, Box 102-A, Columbia.  
P. A. Surgeon Clarence A. Smith.

**South Dakota:**

Rapid Treatment Center, c/o County Health Officer, Rapid City.

Rapid Treatment Center, c/o City Hall, Sioux Falls.

**Tennessee:**

West Tennessee Isolation Hospital, c/o Shelby County Hospital, Memphis 12.  
Asst. Surgeon (R) Edward M. Eckberg.

Middle Tennessee Isolation Hospital, Route 6, Nashville.

P. A. Surgeon (R) E. T. Duncan.

Silverdale Isolation Hospital, Route 2, Box 501, Chattanooga 6.  
Asst. Surgeon (R) Robert L. Woodward, Jr.

**Texas:**

Quarantine Hospital, 2827 Louisiana Avenue, El Paso.  
Asst. Surgeon (R) Vernon L. Hagan. Health Department, Health Center Building, Mineral Wells.

Riverview Hospital, 102 Dwyer Avenue, San Antonio.  
Asst. Surgeon Chester M. Sidell.

Park View Rapid Treatment Center, Corpus Christi.  
Surgeon (R) William P. Scarlett.

**Utah:**

Utah Detention Quarters, 115 South State Street, Salt Lake City.

**Virginia:**

Richmond Rapid Treatment Center, 108 West Cary Street, Richmond 20.  
Asst. Surgeon Edward W. Kunckel.

**Washington:**

Seattle Treatment Center, 9236 Renton Avenue, Seattle.  
Asst. Surgeon (R) Fred W. Harb.

Washington Infirmary, Route 1, Box 700, Centralia.  
Surgeon (R) Lennert B. Mellott.

**West Virginia:**

Kanawha Valley Medical Center, 151 Twelfth Avenue, South Charleston.  
P. A. Surgeon Robert D. Wright.

## EVENTS—PAST AND FUTURE

- October 2 ASHA Associate Group Meeting on *Industry vs. VD*, in connection with the Annual Meeting of the American Public Health Association (see p. 447). 8:30 P.M., Salle Moderne, Hotel Pennsylvania.  
*Presiding:* Dr. Victor G. Heiser. *Speakers:* R. E. Gillmor, Dr. W. L. Weaver, Abraham Bluestein, Percy Shostac.
- October 3-5 Second Wartime Public Health Conference and 73rd Annual New York Business Meeting of American Public Health Association, New York, Hotel Pennsylvania. Associate Group Meetings, October 2.
- October 3-5 First White House Conference on Rural Education, Washington, D. C. Planned and financed by the National Education Association to bring together 200 leaders of groups whose interests are linked with rural American life. Topics to be considered: interdependence of rural and urban economics; health of rural young people; extension of complete educational opportunity to farm children now denied it; and post-war conversion plans of farm school.
- October 6-7 Annual Conference of Social Hygiene Executives, Town Hall Club, New York Guests of ASHA.
- October 9-10 ASHA Semi-Annual Staff Conference. Headquarters Offices, 1790 Broadway, New York 19.
- October 23-29 Seventh Annual Better Parenthood Week. Suggestions and materials available from Better Parenthood Week Committee, 52 Vanderbilt Avenue, New York 17, N. Y.
- November 5-11 American Education Week. Sponsored by National Education Association, American Legion, U. S. Office of Education, National Congress of Parents and Teachers. Material and suggestions may be secured from National Education Association, Washington 6, D. C. General Theme: *Education for New Tasks*. Daily topics: Nov. 5—*Building Worldwide Brotherhood*; Nov. 6—*Educating All the People*; Nov. 7—*Improving Schools for Tomorrow*; Nov. 8—*Developing an Enduring Peace*; Nov. 9—*Preparing for the New Technology*; Nov. 10—*Enriching Our Cultural Heritage*; Nov. 11—*Bettering Community Life*.
- November 9-11 National Conference on Postwar Venereal Disease Control, St. Louis, Missouri. Auspices of U. S. Public Health Service.

Saturday, December 2, 1944

PAN AMERICAN HEALTH DAY

Wednesday, February 7, 1945

SOCIAL HYGIENE DAY

## NEWS FROM THE FORTY-EIGHT FRONTS

ELEANOR SHENEHON

Director, Community Service, American Social Hygiene Association

**Connecticut: Connecticut State Health Department Completes Laboratory Evaluation Study.**—*The Connecticut Health Bulletin* for August, 1944 reports that:

"Directors of laboratories have been informed of the efficiency of their serological tests. At the recommendation of the Advisory Committee who have guided the study, a representative of this Department will contact laboratory heads to determine how the facilities of this Bureau may be applied in each individual case to effect improvement where necessary. The follow-up work will be most important but is time-consuming. Visits will be made at the earliest possible moment but there are more than 30 of the 48 laboratories evaluated where arrangements for follow-up work must be made. Meantime, approximately 24 of the laboratories will participate in another study scheduled for this fall and a like number in one to begin in the spring."

The Department states for the month of July of 16,374 blood tests made for syphilis only 1,932 were positive and of 511 examinations made for gonorrhea only 60 infections were reported.

**District of Columbia: D. C. Society Has Full-Time Health Educator.**—Ray H. Everett, Executive Secretary of the District of Columbia Social Hygiene Society, has announced the recent appointment of Mrs. Grace Lando as Educational Assistant, succeeding Mrs. M. Virginia Allen, who resigned after two years of service in the same post.

Mrs. Lando is a Public Health Nurse with varied experience. A graduate of Frankford Hospital in Philadelphia, she later received the Certificate in Public Health at the University of Pennsylvania, where she studied under Dr. John L. Stokes. Her previous assignments have included work with a settlement house and the Visiting Nurse Society in Philadelphia, with the Baltimore County Health Department on loan from USPHS, doing epidemiological work mainly and with two industrial plants operated by Central Administrative Service.

**Nebraska: Midwest Conference on Interagency Relationships in Venereal Disease Control.**—Carrying out the national pattern at the regional level, a third conference of representatives from the Army and Navy, Federal Security Agency and ASHA was called jointly with representatives of State health departments in United States Public Health Service District No. 7, in Omaha on April 25th, to discuss matters of mutual interest.

Among topics taken up were *Army Morbidity Reports* and *Sufficient Sexual Contact Information*. Special discussion was given to the subject of *Community Venereal Disease Councils* and the part they could play in "spark plugging" community interest in the control program" as an "avenue of public interpretation," and in

providing a sounding board to which both civilians and military could take their problems and obtain understanding and mutual support."

Attending the meeting were:

J. J. Harbart, U. S. Coast Guard, District Venereal Disease Officer; Melba M. Foltz, Paul D. Jones, and Charles L. Leopold, Social Protection Representatives, Kansas City, Missouri; Howard F. Feast, Social Protection Representative, Denver, Colorado; Mrs. Winifred H. Ferguson and Martin J. Lahart, Social Protection Representatives, Minneapolis, Minnesota; Charles J. Hahn, Jr., Representative, Law Enforcement Section, Social Protection Division, Washington, D. C.; George Gould, Assistant Director, Division of Legal and Protective Services, American Social Hygiene Association, and in charge of ASHA Field Offices at Omaha and Salt Lake City, Utah; Captain H. Kaplan, Internal Security Section, Seventh Service Command; Lieutenant Colonel James Gordon, MC, Venereal Disease Control Officer, Seventh Service Command; Captain Hugh C. Clark, MC, Station Hospital, Lowry Field, Denver, Colorado; Dr. L. O. Weldon, Liaison Officer, U. S. Public Health Service, Seventh Service Command; Dr. H. G. Irvine, Minnesota State Department of Health; Dr. R. A. Frary, Nebraska State Department of Health; Dr. M. Sorenson, U. S. Public Health Service, Kansas State Department of Health; Dr. W. C. Woofter, U. S. Public Health Service, Iowa State Department of Health; R. R. Wolcott, U. S. Public Health Service, Missouri State Department of Health; A. B. Price, Surgeon, U. S. Public Health Service, Kansas City, Missouri; Lieutenant (j.g.) W. K. Hall, Medical Corps, U. S. Navy, Kansas City, Kansas; Lawrence A. Brennan, U. S. Public Health Service; J. K. Holpern, Pt. Surgeon, U. S. Public Health Service.

**New York City: Social Hygiene Division, New York Tuberculosis and Health Association Has New Staff Member.**—Dr. Jacob A. Goldberg Secretary of the Division has announced the appointment of Miss Charlotte Smith to assist with the community program.

Replacing Mrs. Ruth Wells who resigned in June, Miss Smith comes to the Division with a rich background of education and experience in social hygiene. For the past few years she has been public health nurse with the Pennsylvania State Department of Health, where she organized social hygiene programs in various parts of the state. She is a graduate of the University of Pennsylvania Hospital, and studied at the University of Pennsylvania and under Dr. John H. Stokes.

**Virginia: State Social Hygiene Council Sponsors Workshop in Health and Human Relations at Radford College.**—The first Workshop for Teachers in Health and Human Relations to be held in the State of Virginia occurred at Radford College from July 17th to August 5th. Working with the Virginia Social Hygiene Council, chief sponsor of the project, the Virginia State Department of Education and the State Department of Public Health provided administrative and financial assistance. Teachers from nearly twenty schools in every part of the State were in attendance and faculty was provided by national, state and local agencies.

The work plan began with a study of the need, in the light of the present and the future, for activities in health and human relations in schools and consideration of methods now in use. This was followed by a study of the Virginia Curriculum to discover opportunities for incorporation. Recommendations were later drawn up and passed on to the sponsoring agencies on this point.

Directed by Dean M'Ledge Moffett of Radford College, the course was conducted by Dr. Lester A. Kirkendall of the U. S. Office of Education, James S. Owens of the Regional Social Protection Division Office, and Kenneth R. Miller, Field Representative of the American Social Hygiene Association. A number of guests visited the classes and field trips were features of the course.

The Virginia Social Hygiene Council was organized in 1943 and includes in its membership a group of distinguished persons representing agencies interested in various phases of social hygiene. John W. Goldsmith, Radford attorney, is president; Abner W. Robertson, Richmond, is secretary, and other members are state and local officials, educators, physicians and laymen. In addition to teacher training, the Council's program includes promotion of better use and understanding of State laws regarding venereal diseases, public education and development of community groups throughout the State.

It is believed that this summer's Workshop will do much to advance the participation of schools and teachers in community venereal disease control work and other social hygiene activity. It is hoped that the Workshop can be continued next year so that more attention can be given to the development of study outlines, work units and extra curricular activities in detail.

## NOTES ON INDUSTRIAL COOPERATION

PERCY SHOSTAC

*Consultant on Industrial Cooperation, American Social Hygiene Association*

### NEW INDUSTRIAL PROGRAM GETS UNDER WAY

#### MEETING

The ASHA's campaign to enlist management and the trade unions in a program of education and action towards the control of VD was auspiciously launched on October 2, at the Association's *Industry vs. VD* meeting at the Hotel Pennsylvania in New York. The meeting was held in connection with the Second Wartime Public Health Conference and the 73d Annual Business Meeting of the American Public Health Association.

An audience of several hundred public health officers, physicians, industrialists and labor people, heard how important it is to bring the VD message to industrial workers, a group which with their families includes at least half of our total population. Activities and progress in VD education and control in industrial and union groups were reviewed, and the ASHA program was presented. The speeches aroused so much interest that it is planned to publish them in some later number of the JOURNAL.

Dr. Victor G. Heiser, consultant, committee on industrial health, National Association of Manufacturers, presided. The speakers were

R. E. Gillmor, president, Sperry Gyroscope Company, Inc.; Dr. W. L. Weaver, medical director, du Pont Rayon plant, Richmond, Va.; Abraham Bluestein, executive director, Labor League for Human Rights, AFL, and Percy Shostac.

#### MATERIEL

The October 2 gathering was the occasion for public presentation of the ASHA's two new manuals: *Industry vs. VD* prepared for use by management and *The Trade Unions vs. VD* designed for union programs.

The manuals, as previously mentioned in *Notes on Industrial Cooperation* (May JOURNAL), outline a three-point program against the venereal diseases stressing the value of shop health and safety committees for enlisting support and participation of the workers. The importance of cooperation with community activities to combat VD and the conditions which favor their spread, is also highlighted. Flap envelopes in both manuals contain samples of pamphlets, including the new *Why a Blood Test* and *The Prostitution Racket*, a film list, reproductions of suitable posters and other material. The manuals were designed to present in one packet or kit all the essentials for a complete VD control program for a firm or a union. Copies are available upon request to those who want to help further the program.

#### RESPONSE

The October 2d meeting was preceded by a mailing of 10,000 invitation-announcement cards to friends of the Association, public health officials, physicians and nurses in industry, VD control officers, business men and trade unionists. This mailing was intended primarily to publicize the Association's industrial program and only incidentally to build an audience. In response to a brief notice announcing that the two new manuals would soon be forthcoming, almost 200 requests for copies were received from firms, state and local health offices and trade unions. Just as encouraging was the reaction of the newspapers to the meeting; topnotch metropolitan coverage was given in a full column news-story on October 3 and a vigorous editorial on October 4, in the *New York Times*. The *Baltimore Sun* followed with an editorial and items appeared in various papers throughout the country. The Association's new program in industry was indeed auspiciously launched.

This response of the press and the public left no doubt that industry is interested and willing to do something about the venereal disease problem. However, to launch a program and to carry it into successful operation are two different matters. Certainly the latter cannot be accomplished on a mail order basis alone. In the next issue of the JOURNAL a progress report will be made on the program in action.

# Journal of Social Hygiene

A Review of  
Principles and Progress in Social Hygiene Legislation

## CONTENTS

A Challenge to Community Workers.....	Bascom Johnson 449
Twenty Years' Progress in Social Hygiene Legislation.....	George Gould 456
Requirements of Existing State Laws:	
Laws against Prostitution.....	470
Premarital Examination Laws.....	472
Prenatal Examination Laws.....	477
Forms and Principles of State Social Hygiene Laws.....	479
Social Hygiene Legislation Considered in 1943-44 in the States, Territories and District of Columbia.....	494
Editorials:	
If Your State Needs New Social Hygiene Laws.....	496
Your Part in the Legislative Campaign.....	497
National Events.....	Robert W. Osborn and Reba Rayburn 499
News from the 48 Fronts.....	Eleanor Shenehon 508
Notes on Industrial Cooperation.....	Percy Shostac 511
Publications Received.....	514

National Social Hygiene Day  
February 7, 1945

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# Journal of Social Hygiene

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## A Review of Principles and Progress in Social Hygiene Legislation

### A CHALLENGE TO COMMUNITY WORKERS \*

#### WHAT ARE YOU DOING ABOUT BETTER LAWS AND LAW ENFORCEMENT?

BASCOM JOHNSON

*Director, Division of Legal and Protective Services  
American Social Hygiene Association*

If I were a community worker instead of a lawyer and some one asked me the question, "What are you doing about better social hygiene laws and law enforcement?", I should reply with another one or perhaps two or three about as follows: Why should I do anything about them? If I received a satisfactory answer to that one proving that good social hygiene laws, well enforced, would aid me to attain my objectives as a community worker, I would still want to know what I could do about them, and how.

In attempting to answer these questions which I have put in your mouths, I will first list these better laws that social hygienists think important, and this may aid you in determining, perhaps without any argument from me, whether their passage and enforcement would help you to do a better job.

\* Revised from a paper delivered before a session on Social Hygiene and Social Protection at the National Conference of Social Work, as arranged by the Conference's Special Committee on Social Hygiene, Ray H. Everett, Chairman, at Cleveland, Ohio, May 23, 1944.

These laws fall into two main categories: repressive and preventive.

The repressive laws are aimed mainly at reducing the number and activities of persons who stimulate the sexual appetites of man, or who exploit these appetites for gain, while trafficking in the poverty, weakness, or misfortunes of women.

The preventive laws attempt to eliminate conditions which force or influence women into prostitution. They include also public health laws designed to prevent the spread of the venereal diseases.

In the first category are laws against pimps, procurers, traffickers in women and girls, operators of houses of prostitution, and the whole unsavory crew of go-betweens and facilitators of prostitution.

There are, in addition, repressive laws aimed at the direct participants in prostitution—namely, the prostitutes and also (in some nineteen states) their customers. These latter laws, it must be confessed, have been limited in too many places, to use as venereal disease case-finding machinery for health departments rather than as instruments for the repression of prostitution for the general welfare of the people as a whole.

In the second category come laws which provide compulsory health or sickness insurance, laws for the protection of minors, laws providing strict supervision over commercial employment agencies or abolishing them as necessary, and the public health laws above referred to.

I include in preventive laws those providing compulsory health or sickness insurance because health studies of prostitutes made both in this country and abroad show that many of them have suffered from chronic diseases and abnormalities from adolescence, which entailed reduced working capacity.

Dr. Tage Kemp, Director, University Institute for Human Genetics, Copenhagen, in a chapter which he contributed to a recent League of Nations Publication, entitled *Prevention of Prostitution*,\* makes this comment on page 46:

"It may be taken that only about one half the total number of prostitutes have a normal earning capacity for ordinary work and many of them are totally disabled." He continues: "When a woman who is poor, with no one to support her, and no health or invalidity insurance, develops a serious chronic disease, her situation is a difficult one and she may be forced into prostitution. Compulsory health and invalidity insurance as well as unemployment insurance must therefore rank as effective preventive measures against prostitution."

Laws abolishing or providing strict supervision of commercial employment agencies are included as preventive measures because of studies in which I participated in this country and abroad for the League of Nations, of conditions and agencies, which contribute to the international traffic in women and girls.

\* *Prevention of Prostitution, a study of measures adopted or under consideration particularly with regard to minors.* League of Nations Advisory Committee on Social Questions. Official Pub. No. C.26.M.26. 1943. IV.

The international convention adopted in 1933 by the International Labor Conference and ratified up to 1943 by five countries provides the most radical regulation of this kind.

It consists in the complete abolition of all fee-charging employment agencies conducted with a view to profit subject to certain limitations. For those interested in further details, I recommend reading *Chapter 3* of the League of Nations publication above referred to, which was contributed by the International Labor Office.

In this last-named group are public health laws giving power to state health departments to make rules and regulations regarding the control of the venereal diseases which have the force and effect of laws; laws which require health officers to examine and treat, under quarantine if necessary, persons who, they have reasonable grounds for believing, have an infectious venereal disease; those requiring physicians, superintendents of hospitals, dispensaries, or charitable institutions and others to report such cases to health departments; those requiring premarital and prenatal examinations for syphilis, and those requiring periodical examinations of certain occupational groups such as children's nurses, masseurs, barbers, or others who come into intimate physical contact with others; laws or regulations which prohibit infected persons from engaging in the occupations listed just above.

Assuming, for the sake of argument, that the enforcement of such laws does help to reduce the volume of prostitution and the number of prostitutes on the one hand, and the spread of the venereal diseases on the other, would these reductions lighten the burdens of community workers or help them in any way to attain their objectives?

You know so much more about your burdens and objectives than I do that I hesitate to answer these questions for you.

I suggest, however, that prostitution as a serious social disorder, and syphilis and gonorrhea as dangerous communicable diseases, incapacitate their devotees and victims for useful and productive living,—sometimes for short periods, sometimes for life.

I suggest, for example, that you have had among your clients, whether you know it or not, many broken down prostitutes who were incapable of self-help and therefore permanent millstones about your necks. I suggest, also, that many of the homes and families you have sought to keep together or rehabilitate were broken, perhaps irrevocably, because the father, mother, daughter, or son had drifted into or become patrons of prostitution, or had acquired one of the venereal diseases which was not recognized or treated in time to prevent seriously incapacitating effects.

I suggest that a number of your men and women clients have married with uncured syphilis which they never knew they had or thought was cured, and have therefore infected their marital partners unintentionally. I suggest that a number of such married persons

have carelessly or unwittingly created children, born dead, crippled or blind because they were not required to have examinations for syphilis before marriage or because the mothers were not required to have examinations for this disease during pregnancy.

If it is true, as I have suggested, that invalidism and death, incapacity to perform any useful labor, broken homes and families are often caused by prostitution and the venereal diseases, and that you are interested professionally in preventing and reducing such disasters, the question remains: Do such laws, well enforced, actually help to reduce prostitution and prevent the spread of the venereal diseases?

The record is quite clear as regards prostitution. Since Abraham Flexner made his classic study of *Prostitution in Europe*, in 1912, down through the years to the present day, it has been proven beyond doubt that prostitution can be and has been, in many places and at various times, greatly reduced by the passage and enforcement of repressive laws. The American Social Hygiene Association has checked and counter-checked these results by a long series of investigations. The Army and the Navy, the United States Public Health Service, State and local police and health departments agree. We must accept these findings as conclusive.

Evaluation of the influence of health laws and their enforcement on the reduction of the venereal diseases is difficult. There are many factors which may contribute to the results. Among them are the reduction of prostitution as a source, the establishment of free clinics, the increased use of prophylactics and the effects of health education projects. Moreover, there is no satisfactory way of estimating the possible or probable number of exposures or infections occurring in a community. Nor can we be sure how generally reporting of cases is being observed in many areas. We cannot, therefore, prove statistically that the increases or reductions that apparently have taken place in some communities have actually occurred. It is, however, profitable to watch the rise and fall of both military and civilian data.

We know from experience that when civilian prostitution laws and quarantine are enforced against promiscuous and infectious civilian women, the venereal disease rates among the exposed armed forces immediately drop. It is probable that the same thing occurs among civilian men, and could be expected to occur among civilian women if infectious, promiscuous civilian men were quarantined in the same way. We shall never know, with any degree of accuracy, however, what progress we are actually making in venereal disease control among civilians until the reporting laws are generally observed and full cooperation in adequate diagnosis and record keeping are secured.

Regardless, however, of whether venereal diseases are increasing or decreasing among civilians during the present war, most public health men would agree, I think, that any increase which may exist

would be far greater if the powers of health departments and the public health measures and appropriations, all based on or derived from the statutes, were wiped out.

This brings me to my final question: *What can community workers do about the passage and enforcement of good laws, and how?*

Every two years, approximately, 44 States have legislative sessions. Next year, 1945, is a big legislative year. There will come up in the legislatures of many of these states bills in both of the categories above described—that is, repressive laws and preventive laws. A number of these states need new laws or improvements in their existing ones.

Many of the cities in these States, as well as in others which already have good laws, will find that it is desirable to incorporate the provisions of the State laws in their municipal ordinances.

If community workers are well informed and convinced of the value to the public of good social hygiene laws, and appear in their support before committees of the legislature to whom such bills are sent for consideration, their chances of passage are greatly increased. This applies not only to substantive laws but to bills calling for appropriations to police departments, courts, health departments, and other agencies of government.

I don't need to remind you that few laws can be enforced or administered without adequate equipment and personnel. One of the byproducts of this and all other wars has been the starvation of our official administrative agencies. Many of the best men and women are drafted for war service. We must see to it that this starvation does not continue into the post-war period. There is real danger that this may happen if the events of 25 years ago are any criterion. There was a serious letdown in all official social and health activities after World War I. This was a human reaction but disastrous in many ways, particularly in the field of social hygiene. Red-light districts reopened in many cities where they had been kept tightly closed during the war. Many health departments abolished their divisions of venereal disease control. Appropriations for this work and for clinics were discontinued or sharply reduced; women police and probation officers were discharged; quarantine hospitals and detention houses were in many cases eliminated. The result was that the growth of social hygiene activities was slowed down in many places, and some of the gains were lost. One of the permanent gains was the creation of the Venereal Disease Division of the United States Public Health Service, which today is a strong section of the backbone of the national campaign.

That Division and the annual appropriations made by the Congress each year since 1937 to the Public Health Service, for aid to the states for venereal disease control activities, seem fairly secure. This Federal assistance, however, is conditioned on the availability of state, county and community funds to match it in whole or in part, except in the case of special war related expenditures. If you want

these funds in your States to be continued, the members of Congress and of your state and local appropriating bodies need to know how you feel and on what evidence you base your opinions. This applies also to the retention of appropriations which are now available for other related activities and for the establishment and operation of the so-called Rapid Treatment Centers in many communities.

These are but a few of the examples of what community workers can do to maintain our present status. Over and above this maintenance of the *status quo*, I suggest we might take advantage of public interest in such matters during this war, as we did during the last one.

Juvenile delinquency, including sex delinquency, is much in the public eye. Newspapers, magazines, the pulpit and the lecture platform resound with loud cries and wails concerning the lost generation. Many good suggestions have been made to remedy or alleviate the situation. Some of them have been put into operation on a limited scale. Most of them depend on the availability of trained personnel for the education and protection of youth. This means money for training and salaries of teachers, juvenile judges, women police, probation officers, and others.

Isn't it timely, therefore, and intensely practical for us to ask from Congress Federal grants-in-aid to the States to help them attack this problem? These Federal grants could require that State legislatures appropriate funds to match them in whole or in part, just as was done and is being done with Federal grants to the States for the control of the venereal diseases.

The Federal agency to distribute these grants under appropriate regulations might perhaps be the Children's Bureau or the Social Protection Division, if this Division is continued or the Office of Education or other administrative unit of the government.

Isn't it equally practical and necessary to continue in some form the Federal participation and cooperation with the States and local communities in their attack on prostitution? The Federal *May Act*, Public Law No. 163, adopted against prostitution on July 11, 1941, is a war measure which expires, unless reenacted, on May 15, 1945. While it has been actually applied only in Tennessee and North Carolina, it has been immensely effective in stimulating effective action by many other State and local governments. We also have the Federal Mann and Bennett acts which are permanent, and aimed at the elimination of interstate and international traffic in women and girls.

Following the precedent of the last war, during which, as previously mentioned, there was created in the Public Health Service the Division of Venereal Diseases which has survived and has performed most useful service in cooperation with State health departments, why not make permanent the Federal Division of Social Protection to continue cooperating with the States in their attack on prostitution? If for any reason it is deemed necessary or expedient to

abolish this Division when peace is declared, why not establish in the Department of Justice or in some other appropriate government unit a division dedicated to cooperation with States and municipalities in the attack on prostitution? Such a division, within a permanent, popular and highly efficient Federal agency would insure continuity of attack and the maintenance of steady gains against this ancient evil.

To recapitulate—community workers should have an interest and do have a stake in the passage and enforcement of good social hygiene laws. They also have a special responsibility for the operation of some of these laws. No one else is so well equipped to discharge this responsibility. I refer to the preventive and rehabilitative gaps in both the program against prostitution and that against the venereal diseases.

It may be that new techniques will have to be developed for dealing satisfactorily with reluctant "victory girls." It may be that these young girls are reluctant because of conditions attendant on their arrest and confinement in jails when they ought to have been, if confined at all, confined in modern detention places for juveniles. Wherever the latter proves to be the case, community workers might well be found in the forefront of workers who are attempting to secure such places from their local governments.

"The final end of Government is not to exert restraint but to do good."

RUFUS CHOATE

in a speech before the United States Senate, July 2, 1841

## TWENTY YEARS' PROGRESS IN SOCIAL HYGIENE LEGISLATION

DEVELOPMENTS IN THE ADOPTION OF STATE LAWS FOR THE PREVENTION  
AND CONTROL OF THE VENEREAL DISEASES AND FOR  
REPRESSION OF PROSTITUTION  
FROM THE YEAR 1925 TO NOVEMBER 1, 1944

GEORGE GOULD

*Assistant Director, Division of Legal and Protective Services,  
American Social Hygiene Association*

For forty-four states\* the year 1945 will be a "legislative year." Popular interest in the nation-wide campaign against syphilis and gonorrhea and for the repression of prostitution, and the genuine public concern that sound and effective legal safeguards shall be set up to protect the family and the community from these hazards to health and happiness, will stimulate the introduction of a good number of social hygiene bills in the state legislatures during the 1945 sessions. Thirty-six states considered social hygiene legislation of one type or another during 1943, and 17 states passed and put into effect new laws or amendments for improvement of old laws. A number of states holding regular or special sessions in 1944 followed suit, and indications are that 1945 will see law-makers in many of the states which have not yet provided full legal protection in this way for their citizens, taking steps to do so.

This means that careful study should be given to state and community social hygiene needs and any legislative plans for meeting them, well ahead of the time that legislatures meet. All who are interested in health and welfare should join in seeing that any new social hygiene laws proposed, or any amendments of existing laws, are adequate for the purposes intended, and enforceable.

For the aid and interest of groups contemplating new social hygiene laws, including the legislators themselves, and also for the reference of officials concerned with operation of such laws, this twenty-year review of progress has been compiled. The American Social Hygiene Association's Division of Legal and Protective Services will be glad to supply further information on request, and is glad to place its thirty years of study and experience at the service of all agencies endeavoring to obtain sound and satisfactory laws.

\* Also for the Territories of Alaska and Hawaii and the Insular Dependencies of Puerto Rico, the Virgin Islands, and, in normal times, the Commonwealth of the Philippines. Also, since Congress meets every year, for the District of Columbia.

Generally speaking, there are four types of laws relating to social hygiene, which are of special current interest to the public. They are:

1. Laws for the repression of prostitution
2. Premarital examination laws
3. Prenatal examination laws
4. Venereal disease control laws and state or local board of health rules and regulations.

The essential or principal provisions of these laws should be known as widely as possible.<sup>1</sup>

#### LAWS AGAINST PROSTITUTION

Although, during the early part of the twentieth century, there were a number of states with fair laws against the activities of exploiters of prostitution and of prostitutes, it was not until 1919 that the first legislation penalizing the male customers of prostitutes, was placed on state statute books. Ten states,<sup>2</sup> at that time adopted new laws<sup>3</sup> based on the provisions of a standard form of law known as the *Vice Repressive Law*, which had been drafted by the Federal government and presented for enactment to the state legislatures. The *Vice Repressive Law* provided a new definition of prostitution,<sup>4</sup> making as an element of the offense, not merely the giving but also the *receiving* of the body for hire, as well as the giving or receiving of the body for indiscriminate sexual intercourse *without hire*. Other provisions of the law prescribed penalties for solicitation for prostitution on the part of either party, as well as for the other activities of the immediate parties, and of third parties to prostitution including go-betweens. The law also punished the professional or occasionally disorderly house keeper and made it an offense to occupy, enter, or remain in any house, premises, or conveyance for the purpose of prostitution. Furthermore, it eliminated fines and provided indeterminate sentences in order to afford opportunities for rehabilitation.

By 1925, forty-four states<sup>5</sup> had laws penalizing the keeping, setting up, or maintaining of disorderly houses. Forty-four states<sup>6</sup> made compulsory prostitution a crime; and forty-five states<sup>7</sup> had forbidden pandering or procuring of a female for prostitution. Twenty-seven<sup>8</sup>

<sup>1</sup> See *Forms and Principles of State Social Hygiene Laws*, pp. 479-494.

<sup>2</sup> Connecticut, Delaware, Maine, Maryland, New Hampshire, North Carolina, North Dakota, Ohio, Rhode Island and Vermont. (New Jersey, New Mexico and Wyoming passed similar legislation in 1921 and 1922.)

<sup>3</sup> For copy of provisions of this law see page 479.

<sup>4</sup> No statutory definition prior to 1919 can be found. Prostitution was not an offense at common law. In the absence of a statute the courts followed the dictionary definition, which states that prostitution is common lewdness of a woman for hire.

<sup>5</sup> Arkansas, Kentucky, Louisiana and South Carolina had no laws. (In Kentucky, a common law offense; and in Louisiana, unlawful outside limits fixed by city.)

<sup>6</sup> Georgia, Mississippi, North Carolina and South Carolina had no laws against this activity.

<sup>7</sup> Georgia, Mississippi and South Carolina had no laws against this activity.

<sup>8</sup> Arizona, Arkansas, Connecticut, Delaware, Georgia, Idaho, Kentucky (female), Louisiana, Maine, Maryland, Michigan (female), New Hampshire,

provided punishment for transporting another for such purpose, while living off the earnings of a prostitute had been made unlawful in thirty-five states.<sup>9</sup> These so-called "white slave laws" are directed against the panderer, the procurer, the madam or other person who detains a female in a house of prostitution, the individual who transports another within the state for immoral purposes, or other person who receives any of the proceeds of prostitution, or who lives on the earnings of a prostitute. By "compulsory prostitution" is meant the placing or keeping of a woman in a house of prostitution or forcing her to lead the life of prostitution. By "pandering" is meant procuring a female inmate for a house of prostitution, inducing her to become such an inmate, encouraging her to remain there, or offering or agreeing to do so.

The *Injunction and Abatement Law*, first passed in Iowa in 1909, is a civil action, brought in the name of the state by the attorney general, district attorney, or by a private citizen, and provides for the closing of houses of prostitution as public nuisances by courts of equity. The owner, keeper of, or employees in a house of prostitution, or the agent who rents or takes care of the property, all or any one of them, may be declared guilty of maintaining a nuisance. Upon proof of the existence of the nuisance, a permanent injunction is issued against its continuance, the personal property used in conducting the nuisance is ordered sold, and the premises closed unless bond is given to assure the lawful use of the property in the future. Violation of the order of injunction or abatement is made a contempt of court and is punishable by fine or imprisonment. Prior to January 1, 1917, only 27 states had enacted the *Injunction and Abatement Law*, but by 1925 forty-one<sup>10</sup> had enacted such legislation. Many points of difference relating to minor details of legal procedure are found in these laws. The principle which they share in common is that they give individual citizens in any community the right to prevent by injunction the continued operation of houses of lewdness, assignation, or prostitution as nuisances, without having to prove that such individual citizens suffered special damages different from those suffered by them in common with the public.

In 1925 nine states<sup>11</sup> did not penalize the act of engaging in prostitution by either the prostitute or her customer, while 23 states<sup>12</sup>

New Jersey (female), New Mexico, New York, North Carolina, North Dakota, Ohio, Pennsylvania (female), Rhode Island, South Dakota, Texas (persons in military service during World War I), Utah, Vermont, Virginia, Wisconsin and Wyoming.

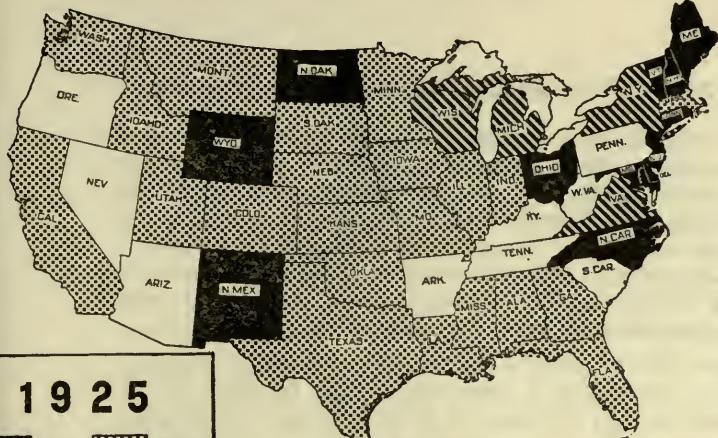
<sup>9</sup> Florida, Georgia, Iowa, Kansas, Mississippi, New Mexico, North Carolina, Ohio, Oklahoma, Rhode Island, South Carolina, Tennessee and Texas had no law.

<sup>10</sup> Arkansas, Missouri, Nevada, Oklahoma, Rhode Island, Vermont and West Virginia had no such laws. (Tennessee and Texas laws dealt only with injunction.) New Jersey's law was declared unconstitutional in 1919 but another law was enacted at a later date. Maryland's Injunction and Abatement Law, enacted in 1918, terminated in November 1920.

<sup>11</sup> Arizona, Arkansas, Kentucky, Nevada, Oregon, Pennsylvania, South Carolina, Tennessee and West Virginia.

<sup>12</sup> Alabama, California, Colorado, Florida, Georgia, Idaho, Illinois, Iowa, Kansas, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New York, Oklahoma, Texas, Utah, Virginia and Washington.

# PROGRESS IN STATE LAWS AGAINST PROSTITUTION



As early as 1909 some states saw the need to protect family and community from the moral and health hazards of commercialized prostitution. Pressure of this problem during the First World War and the years soon after spurred wide-spread legislative action, so that, by 1925, all states had some type of law to combat this evil.

Existence of these laws and improvement in community conditions made necessary comparatively little new legislation from 1925 to 1941; but mobilization—both military and industrial—in the national defense effort of 1939–41, and the plunge into World War II, with a great increase in prostitution activities around strategic communities, again stimulated a drive for better laws.

As of November 1, 1944, twenty-nine states and the District of Columbia have acceptable laws, with only two states having laws considered "inadequate."

Law enforcement officials, with the backing of public opinion, since 1941 have used these laws to close over 650 "red-light districts" or other prostitution activities, thus safeguarding youth and reducing the chances of exposure to venereal diseases.

Good laws against prostitution and promiscuity will be more than ever needed in the restless postwar years.

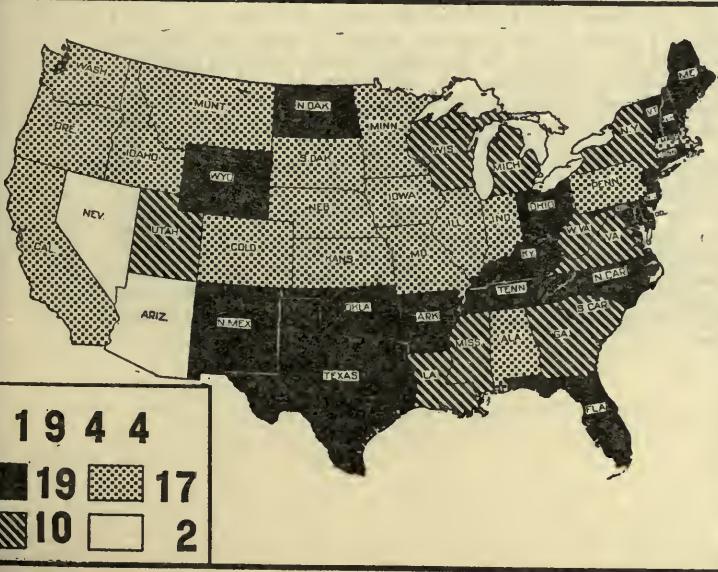
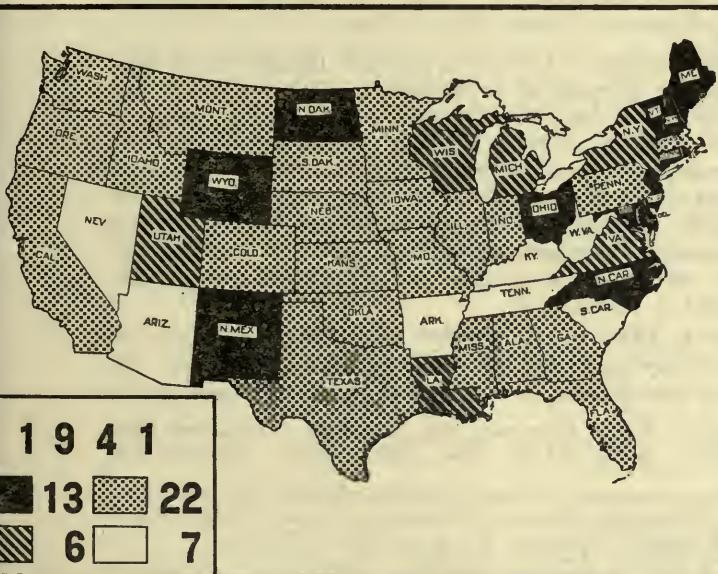
Is your state well equipped in this respect?

States having adequate laws against most aspects of prostitution

States having adequate laws against most aspects of prostitution except the activities of customers of prostitutes

States having laws against some activities of prostitutes and their exploiters

States having laws against activities of exploiters of prostitutes but inadequate laws against prostitutes



had enacted laws punishing the woman only. Thirteen states<sup>13</sup> had adequate laws punishing both the prostitute and her male customer for engaging in prostitution, and the remaining three states of Indiana, South Dakota and Wisconsin had laws against this activity, though they were not adequate. No law against soliciting for prostitution existed in 20 states,<sup>14</sup> and statutes in eleven other states<sup>15</sup> applied only to prostitutes. The remaining 17 states had laws which attempted to penalize both sexes for solicitation for prostitution.

A review of state laws dealing with various aspects of prostitution<sup>16</sup> now in force (November 1, 1944) shows the District of Columbia and all states except Arizona and Nevada with legislation which makes it a crime for any person to keep, set up, maintain, or operate a house of prostitution. Nevada prohibits the keeping of a house of ill-fame on a principal city street or near a church or school; and Arizona declares it a felony for any person to maintain or operate a house of ill-fame on a principal city street or outside the limits provided by the ordinances of any city or town.

All states and the District of Columbia prohibit pandering or procuring a female for the purpose of prostitution, while living off the earnings of a prostitute is unlawful in all but the seven states of Iowa, Kansas, New Mexico, North Carolina, Ohio, Oklahoma and Rhode Island. Compulsory prostitution is punishable in the District of Columbia and all states except North Carolina, and the states of Alabama, California, Colorado, Illinois, Indiana, Iowa, Kansas, Massachusetts, Minnesota, Nebraska and Washington do not declare the transportation of either a female or any other person for prostitution unlawful.

As of November 1, 1944, no *Injunction and Abatement Law* of any kind exists in Maryland, Nevada, Oklahoma and Vermont. In Arkansas a house of prostitution is declared a public nuisance which

<sup>13</sup> Connecticut, Delaware, Maine, Maryland, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Rhode Island, Vermont and Wyoming.

<sup>14</sup> Alabama, Arizona, Arkansas, California, Florida, Idaho, Indiana, Iowa, Kentucky, Michigan, Mississippi, Missouri, Nebraska, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas and West Virginia.

<sup>15</sup> Colorado, Georgia, Illinois, Kansas, Louisiana, Massachusetts, Minnesota, Montana, Nevada, Utah and Washington. (In New York the courts interpret the word person in the law against soliciting for prostitution, as woman.)

<sup>16</sup> Supplementary legal measures also effective against prostitution are: laws empowering the attorneys general to supervise or supersede local law enforcement officials when the latter are incapable or unwilling to deal with this problem; laws subjecting liquor licensees to suspension or revocation of their licenses if they permit prostitution or related disorderly conditions to exist on their premises; laws providing for the supervision and revocation of the licenses of taxi-cabs, dance halls and other forms of commercial amusements used for the purposes of prostitution, lewdness, or assignation, and for the supervision and revocation of the licenses of boarding houses, rooming houses, hotels, and restaurants for any violation of the laws against prostitution, lewdness, or assignation (if municipalities have legislative powers to permit passage of an ordinance on this subject no state law is recommended); laws providing for the removal from office of any municipal or county official who neglects, or refuses to enforce laws of this character (Ouster Law); and laws prohibiting other sex offenses, such as fornication, abduction, seduction and contributing to the sexual delinquency of children.

may be abated under the law for the suppression of public nuisances, but the law is inadequate. At the present time only Arizona and Nevada do not penalize the act of engaging in prostitution, whereas, in 1925 there were nine states which did not have such laws. The District of Columbia and forty-six states now attempt to make it unlawful for the prostitute to engage in prostitution whereas only 25 states had such legislation in 1925. Of the 46 states, the nineteen states of Arkansas, Connecticut, Delaware, Florida, Kentucky, Maine, Maryland, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Rhode Island, Tennessee, Texas, Vermont and Wyoming also penalize the customer and in nine states<sup>17</sup> of the 46 the legislation against such activities by either sex is not entirely adequate.

In 1925 there were 20 states with no law against soliciting for prostitution, and there are still 11 states<sup>18</sup> which do not now penalize solicitation for prostitution or immoral purposes by either the male or female. Of the remaining 37 states, 32 attempt to penalize solicitation by either the prostitute or her customer. The laws of the five states of Colorado, Minnesota, Nevada, New York and Utah apply to the woman only, but this indicates progress, for twenty years ago there were 11 states with this limited type of legislation.

Excellent legislative progress was made in the enactment of laws against prostitution by a number of state legislatures during 1942 and 1943. Arkansas, Florida, Kentucky, Oklahoma, Tennessee and Texas adopted new repression laws, making a total of nineteen states<sup>19</sup> which now have adequate legislation against most of the aspects of this evil. Ten states<sup>20</sup> and the District of Columbia now have good legislation against most phases of prostitution, with the exception of those provisions concerning the activities of customers of prostitutes. Of these ten states, Georgia, Louisiana, Mississippi, South Carolina and West Virginia secured their excellent laws in 1942 and 1943. The 17 states of Alabama, California, Colorado, Idaho, Illinois, Indiana, Iowa, Kansas, Massachusetts, Minnesota, Missouri, Montana, Nebraska, Oregon, Pennsylvania, South Dakota and Washington have laws against some of the activities of prostitutes and their exploiters, while Arizona and Nevada have laws only against the activities of exploiters of prostitutes and very inadequate laws against prostitutes.

#### PREMARITAL EXAMINATION LAWS

A study of the statute books in 1925 shows that a number of states had laws restricting the marriage of venereally infected persons, even though the legislation was limited or inadequate. Indiana (for transmissible disease), Michigan, New Jersey, Oklahoma (a

<sup>17</sup> Georgia, Indiana, Massachusetts, Mississippi, Pennsylvania, South Carolina, South Dakota, West Virginia and Wisconsin.

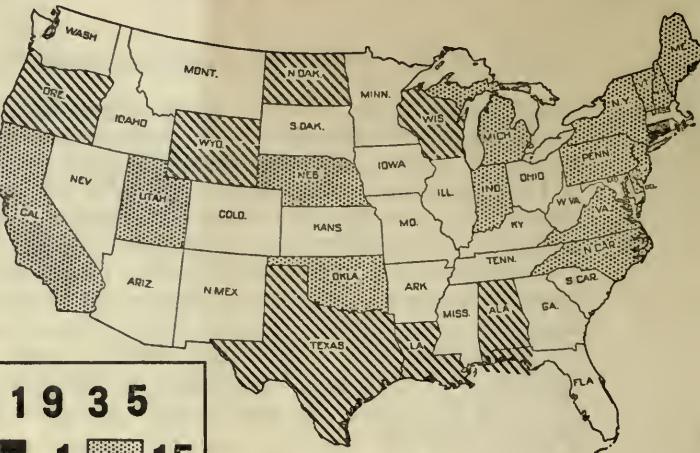
<sup>18</sup> Alabama, Arizona, California, Idaho, Indiana, Missouri, Nebraska, Oregon, Pennsylvania, South Dakota and Virginia.

<sup>19</sup> Connecticut, Delaware, Maine, Maryland, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Rhode Island, Vermont and Wyoming are the other 13 states.

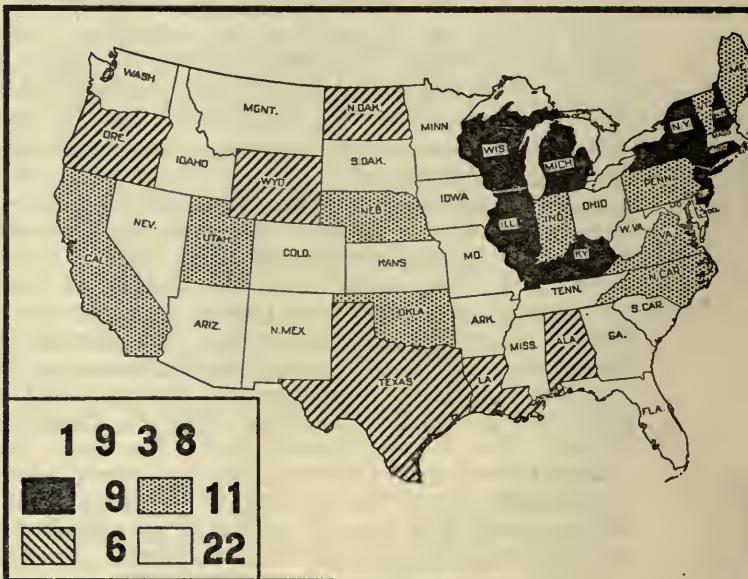
<sup>20</sup> Georgia, Louisiana, Michigan, Mississippi, New York, South Carolina, Utah, Virginia, West Virginia and Wisconsin.

# PROGRESS IN STATE LEGISLATION

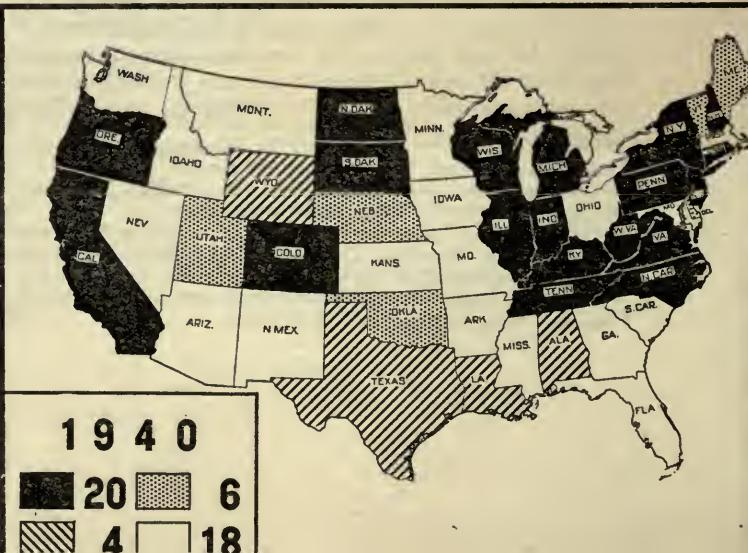
Although by 1925 a number of states had adopted limited legislation to safeguard marriage from the venereal diseases, it was not until ten years later that Connecticut passed the type of law known as the "premarital examination law," the essential provisions of which are now in operation in so many states. The majority of states require a physical examination, including an approved blood test for syphilis, of both bride and groom, and a certificate from the examining physician as prerequisite to marriage.



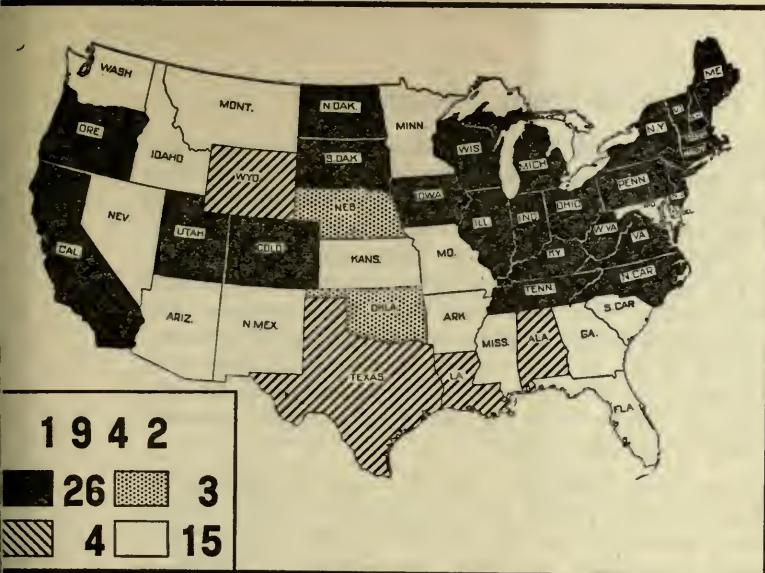
Other states were quick to see the advantages of such a law. By 1938, nine states had adopted new legislation of this type.



By 1940, twenty states had passed new premarital examination laws, or amended existing laws for better operation.

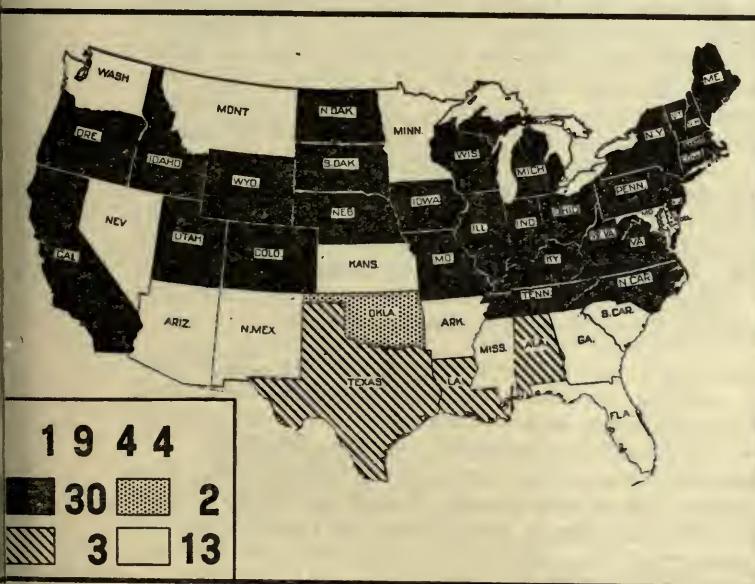


# O PROTECT MARRIAGE FROM SYPHILIS



By the end of 1942, twenty-six states had made provision to protect health in marriage by means of social hygiene legislation.

Social hygiene and other voluntary groups have given strong support to public health officials in securing adoption of these laws, and in promoting general understanding of their benefits.



In 1943 and 1944, four more states adopted the new type of law, with five others which already had made provision to some extent for such protection, so that, as another "legislative year" begins, only thirteen states and the District of Columbia, have yet to safeguard family health in this way.

How does your state stand?

FIGURE II

- States requiring blood test for syphilis of both bride and groom before issuing license
- States requiring examination by physician for venereal diseases, or medical certificates showing freedom from such diseases, usually of groom only
- States prohibiting marriage of persons infected with venereal diseases, or requiring personal affidavit of freedom from such diseases, but no examination specified
- States granting marriage licenses without regard to venereal disease infection

felony), and Vermont declared it a misdemeanor for venereally infected persons to marry. New Hampshire and Maine prohibited the marriage of syphilitics. Nebraska, New York, North Carolina (applicable to males only), Pennsylvania (for "communicable disease"), Virginia (from male applicant if bride under 45 years), and Washington (for male only) required affidavits from applicants for marriage license stating that they were free from venereal diseases. In Utah marriages between persons afflicted with venereal diseases were declared void. It can readily be seen that such laws were ineffective because of the difficulty in proving the infected individual was actually infected, or had knowledge of the venereal infection at the time of the marriage.

Alabama, Louisiana, and Wisconsin specified an examination by a physician of the prospective groom only for freedom from venereal diseases and made it unlawful for the licensing authority to issue a marriage license to any male applicant who failed to present a medical certificate showing that he was free from venereal disease. North Dakota, Oregon, and Wyoming required the male applicant to present a medical certificate attesting his freedom from an infectious venereal disease. In 1929 Texas enacted a law providing that the man must secure from a physician a certificate of freedom from venereal disease before a marriage license could be issued. Shortly afterward California made it a misdemeanor for any person to marry while infected with a venereal disease in a communicable stage; and Delaware required a sworn statement from each of the applicants to be presented to the licensing authority showing freedom from such a disease. Washington in 1929 repealed its premarital law discussed above. Such laws were limited because they did not apply to both sexes and they did not require blood tests.

The first law requiring a premarital blood test for syphilis of both applicants and a medical certificate showing freedom from such disease in communicable form as a prerequisite to the issuance of a marriage license was passed in Connecticut on May 23, 1935. Two years later Illinois, Michigan, New Hampshire, Oregon, and Wisconsin<sup>21</sup> passed similar laws or amendments;<sup>22</sup> and in 1938 Kentucky, New Jersey, New York and Rhode Island enacted such legislation. (The Kentucky premarital examination law was repealed but was reenacted on February 28, 1940.)

Nineteen hundred and thirty-nine and 1940 were big years in this type of social hygiene legislation. Ten additional states<sup>23</sup> passed laws or amendments to their existing statutes making, in 1940, a total of twenty states<sup>24</sup> which required premarital blood test for syphilis of both the prospective bride and groom. This

<sup>21</sup> In Wisconsin law states physical examination is applicable to males.

<sup>22</sup> A majority of these laws required a premarital medical examination.

<sup>23</sup> California, Colorado, Indiana, North Carolina, North Dakota, Pennsylvania, South Dakota, Tennessee, Virginia and West Virginia.

<sup>24</sup> California, Colorado, Connecticut, Illinois, Indiana, Kentucky, Michigan, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Virginia, West Virginia and Wisconsin.

represented nearly as much legislative activity for the protection of family health as had taken place during the previous 25 years.

During the legislative years 1941 and 1943 ten more of the states<sup>25</sup> passed laws of this type, making a total to date of thirty states<sup>26</sup> which now require of both partners premarital blood tests for evidence of freedom from syphilis as prerequisites to issuance of marriage licenses. Most of these states require also a medical examination<sup>27</sup> and presentation of physicians' certificates showing freedom from such disease in communicable form, before the licensing authorities may issue marriage licenses to the applicants. Massachusetts and Virginia permit, however, marriage of the applicants even though one or both may have syphilis in an infectious stage, but the physician discovering evidence of syphilis must inform both applicants to the marriage of the nature of the disease and the necessity of medical treatment therefor. Massachusetts repealed its premarital law of August 2, 1941 and enacted a new one on June 12, 1943. During this period, to get smoother operation, about fifteen states amended their premarital laws. In 1943 South Carolina passed a bill requiring a physician's certificate of freedom from venereal disease of both bride and groom but it was vetoed by the Governor. Of the 30 states, eight states<sup>28</sup> also require medical examination and necessary tests for gonorrhea, and eleven other states<sup>29</sup> in the group require examination "for communicable diseases, including venereal diseases."

The general purpose of this legislation is not to prevent, but to postpone marriage while the disease is in a communicable stage (except Massachusetts and Virginia). The passage of these laws by thirty states within a nine year period (1935 to 1944) is an excellent record in the history of health legislation but there are still eighteen states<sup>30</sup> with no adequate legislation for preventing syphilis in marriage.

#### PRENATAL EXAMINATION LAWS

In 1938 New Jersey, New York, and Rhode Island passed the first laws requiring serological tests for syphilis of expectant mothers as a further step in the protection of the family from venereal diseases. These laws attempt to prevent congenital syphilis by directing

<sup>25</sup> Idaho, Iowa, Maine, Massachusetts, Missouri, Nebraska, Ohio, Vermont, Wyoming and Utah.

<sup>26</sup> California, Colorado, Connecticut, Idaho, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Michigan, Missouri, Nebraska, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Utah, Vermont, Virginia, West Virginia, Wisconsin and Wyoming. (For *Suggested Form of Premarital Examination Law*, see page 483.)

<sup>27</sup> Missouri and Virginia require physical examination when blood test for syphilis is positive.

<sup>28</sup> Illinois, Michigan, North Carolina, Oregon, Tennessee, Utah, Wisconsin and Wyoming.

<sup>29</sup> Colorado, Idaho, Illinois, Kentucky, Michigan, North Carolina, Oregon, Tennessee, Utah, Wisconsin and Wyoming.

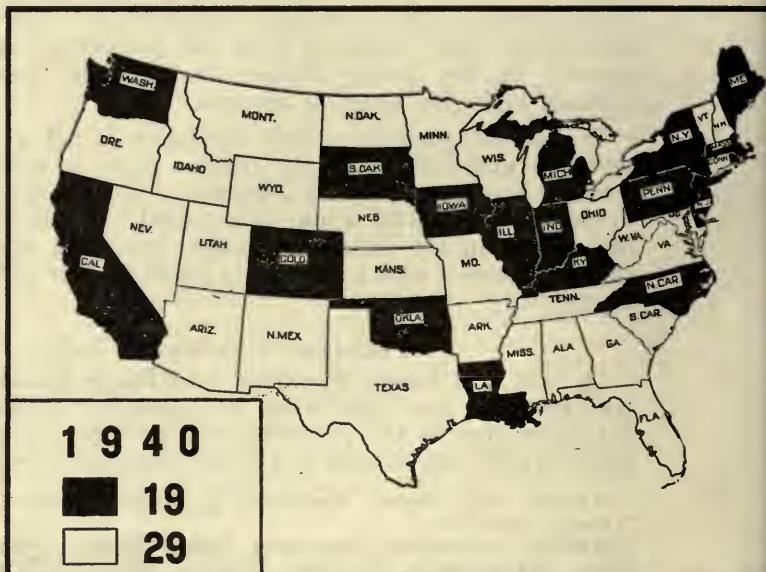
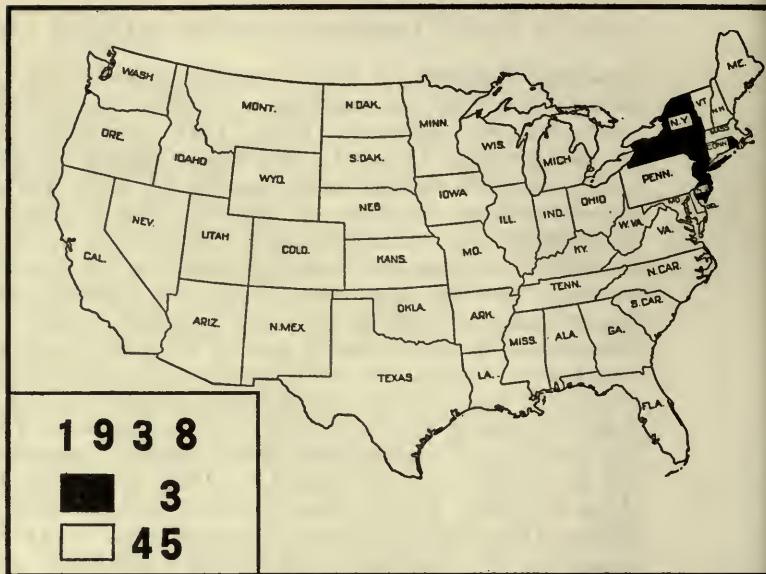
<sup>30</sup> Alabama, Arizona, Arkansas, Delaware, Florida, Georgia, Kansas, Louisiana, Maryland, Minnesota, Mississippi, Montana, Nevada, New Mexico, Oklahoma, South Carolina, Texas and Washington.

The first state law to protect mothers and babies from the deadly effects of syphilis was passed by the New York State Legislature in March, 1938.

Known as the "baby health bill," sponsored by the New York Post, the American Social Hygiene Association and numerous state and community agencies, both voluntary and official, the passage of this forward-looking legislation touched off a fuse in health progress. Before that year's legislative sessions had ended, the states of New Jersey and Rhode Island had adopted similar laws.

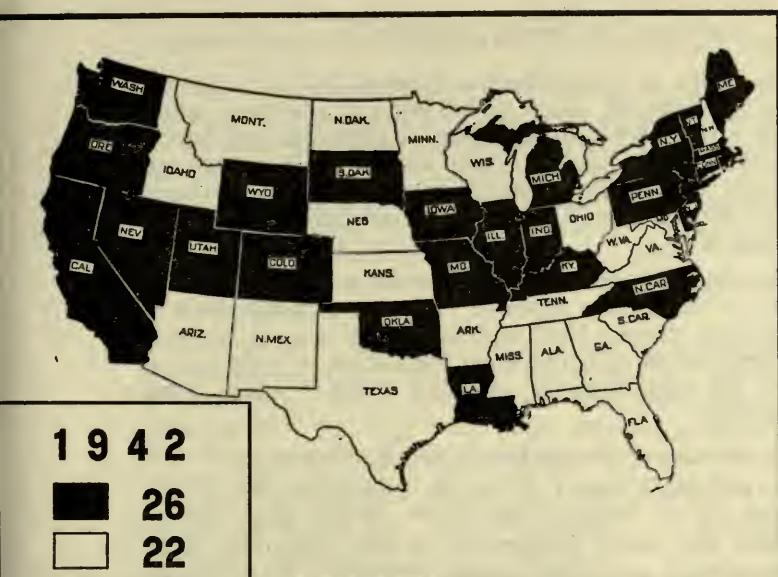
Law-makers across the country were prompt to respond to public opinion by adopting such obviously valuable legislation. As in the case of the premarital examination laws, succeeding years have seen rapid action.

By 1940, nineteen states had made provision for this type of child health protection.



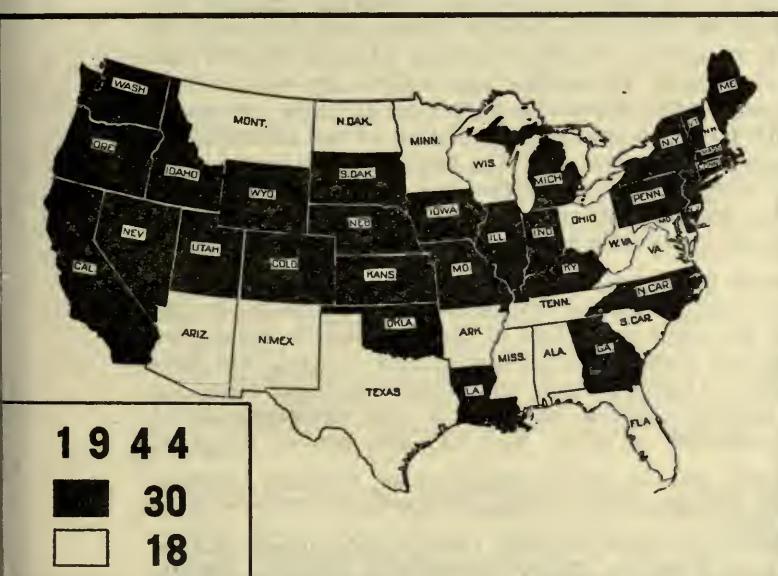
The law, in its usual form, provides that a licensed physician or other authorized person making an examination of an expectant mother is required to make a blood test for syphilis within a specified time of the first examination. Syphilis, unlike most diseases, may be transmitted to a child before birth, directly from an infected mother. Thousands of babies are born dead, or die young, because of syphilitic infection, but if the disease is discovered in the mother during pregnancy, and treatment provided, nine out of ten such infected babies are born healthy.

**TO PROTECT BABIES FROM SYPHILIS**



Seven more states adopted prenatal examination laws during 1941 and 1942.

As with the premarital examination laws, voluntary social hygiene and cooperating agencies have vigorously supported health officials in securing passage of this legislation and in public education regarding the saving in health and happiness to be gained from full observance.



Now, in 1944, nearly two-thirds of the 48 states have provided this fine sort of health protection for their coming generations. The Territory of Hawaii also made such provision in 1943, and plans are on foot in some of the other 18 states and the District of Columbia for similar safeguards.

Does your state have a prenatal examination law?

FIGURE III

States requiring prenatal blood test for syphilis

States not requiring prenatal blood test for syphilis

every physician, midwife, or other person authorized by law to attend pregnant women, to make or cause to be made a standard blood test of every such woman for submission to an approved laboratory for the testing for syphilis, and to state on the birth certificate whether such a test was made, if made, when, and if not made, the reason why. During 1939 and 1940 similar legislation was passed in sixteen other states.<sup>31</sup>

As of November 1, 1944, thirty states<sup>32</sup> seek to insure healthy babies by protecting them from syphilis. Eleven of these states<sup>33</sup> passed such legislation during 1941 and 1943. It is good to note this spectacular progress in such beneficial legislation in a period of six years. There are still, however, eighteen states<sup>34</sup> which need laws of this character.

#### VENEREAL DISEASE CONTROL LAWS AND REGULATIONS

Adequate laws and state board of health regulations<sup>35</sup> for the control and prevention of venereal diseases,<sup>36</sup> are the legal instruments which enable the health authorities to deal effectively with syphilis and gonorrhea,<sup>37</sup> as public health problems. Good social hygiene legislation should include provisions declaring venereal diseases to be contagious, infectious, communicable, and dangerous to public health, and requiring also the reporting of such diseases and ophthalmia neonatorum by physicians and others, the examination by health officers of persons reasonably suspected of being venereally infected, and their detention pending completion of the examination, follow-up of sources of infection and the contacts of infected individuals. Health officers should be authorized to provide treatment for infected persons and to quarantine or isolate infectees if necessary for the protection of the public health.

Another principal provision should empower the state boards of health to make and amend venereal disease control regulations, declaring them to have the force and effect of law. If health authorities are to bring venereal diseases under permanent control, the laws should also prohibit (1) any person other than a licensed physician from treating a case of venereal disease, (2) the advertisement of venereal disease remedies or cures, and (3) the sale of drugs or

<sup>31</sup> California, Colorado, Delaware, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Massachusetts, Michigan, North Carolina, Oklahoma, Pennsylvania, South Dakota and Washington.

<sup>32</sup> California, Colorado, Connecticut, Delaware, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Missouri, Nebraska, Nevada, New Jersey, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Vermont, Washington and Wyoming. (For *Suggested Form of Prenatal Examination Law*, see page 487.)

<sup>33</sup> Connecticut, Georgia, Idaho, Kansas, Missouri, Nebraska, Nevada, Oregon, Utah, Vermont and Wyoming.

<sup>34</sup> Alabama, Arizona, Arkansas, Florida, Maryland, Minnesota, Mississippi, Montana, New Hampshire, New Mexico, North Dakota, Ohio, South Carolina, Tennessee, Texas, Virginia, West Virginia and Wisconsin.

<sup>35</sup> For principal provisions of such laws and regulations, see page 488.

<sup>36</sup> Good premarital and prenatal examination legislation and strong prostitution laws are additional effective legal weapons for the control of this problem.

<sup>37</sup> Chancroid, granuloma inguinale and lymphogranuloma venereum are also venereal diseases.

medicinal preparations for the treatment of venereal diseases, except on the prescription of a licensed physician. Furthermore, the law should attempt also to prevent ophthalmia neonatorum by requiring the physician or other authorized person in attendance on a confinement to apply prophylactic treatment, as specified in the regulations, to the eyes of newborn infants. Finally, other provisions should penalize individuals who violate any of the venereal disease control laws or regulations or who knowingly infect or expose others to their infections.

The venereal diseases had been made reportable either by statute or regulations of state board of health in only thirteen states<sup>38</sup> prior to January 1, 1917. Due to World War I and Federal advice, forty-three states<sup>39</sup> by 1919 had made venereal diseases reportable and forty-five states<sup>40</sup> required compulsory examination of suspected persons and quarantine of those who were deemed by state health officers to be threats to the public health. All the states and the District of Columbia as of November 1, 1944 have made legal provisions covering these requirements.

In 1921, twenty-three states<sup>41</sup> had laws or regulations forbidding the advertising of cures for venereal disease. By 1925 five additional states<sup>42</sup> had enacted similar legislation. As of November 1944, therefore, 28 states and the District of Columbia have laws prohibiting the advertisement of cures or remedies for venereal diseases. Twenty-six states<sup>43</sup> do not now have statutes prohibiting the sale of remedies for venereal diseases without a physician's prescription, whereas in 1921 there were thirty states<sup>44</sup> which had no laws or regulations of state boards of health against the sale of remedies for venereal diseases except on a physician's prescription.

During the past few years and especially in 1943 a number of states strengthened their venereal disease control laws particularly in relation to the reporting, treatment, quarantine, follow-up and finding of persons with an infectious venereal disease. Experience has proved that such legislation is an essential and important factor in maintaining a smoothly functioning venereal disease control program.

<sup>38</sup> California, Colorado, Connecticut, Indiana, Idaho, Kansas, Louisiana, Michigan, North Dakota, Ohio, Vermont, Virginia and Wisconsin.

<sup>39</sup> Idaho, Nevada, Pennsylvania, Rhode Island and Virginia had no such laws.

<sup>40</sup> Idaho, Massachusetts, and Nevada had no such laws.

<sup>41</sup> Alabama, California, Colorado, Georgia, Iowa, Kentucky, Massachusetts, Michigan, Minnesota, Montana, Nebraska, New York, North Carolina, North Dakota, Ohio, Pennsylvania, South Dakota, Texas, Utah, Virginia, Washington, West Virginia and Wisconsin.

<sup>42</sup> Idaho, Maine, Nevada, Vermont and Wyoming.

<sup>43</sup> Arizona, Arkansas, Connecticut, Delaware, Florida, Illinois, Kansas, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Nevada, New Hampshire, New Jersey, New Mexico, North Dakota, Ohio, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Vermont, Virginia and Wyoming.

<sup>44</sup> Arkansas, California, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Nevada, New Jersey, New Mexico, North Dakota, Ohio, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Vermont, Virginia, Washington and West Virginia.



	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Missouri																
Montana																
Nebraska																
Nevada																
New Hampshire†																
New Jersey†																
New Mexico†																
New York†																
North Carolina†																
North Dakota†																
Ohio†																
Oklahoma†																
Oregon																
Pennsylvania																
Rhode Island†																
South Carolina†																
South Dakota																
Tennessee†																
Texas†																
Utah†																
Vermont†																
Virginia†																
Washington																
West Virginia†																
Wisconsin†																
Wyoming†																

NOTE: In addition to the State Laws the following Federal Legislation against prostitution exists: **The Mann Act** prohibits interstate and international traffic in women for prostitution. **The Bennett Act** penalizes importation of aliens for prostitution and provides for deportation of aliens engaging in prostitution. **The May Act** prohibits prostitution within such reasonable distance of military and/or naval establishments as the Secretaries of War and/or Navy shall determine to be needful to the efficiency, health, and welfare of the Army and/or Navy.

\*—Remedy by Injunction and Abatement Laws.

†—Vice Repressive Law (a standard form of law on prostitution which was drafted by the Federal Government in 1919 and presented for enactment to the legislatures of the several states) enacted in its entirety in these states (See Vice Repressive Law, p. 478). Major parts of Vice Repressive Law (a standard form of law on prostitution which was drafted by the Federal Government in 1919 and presented for enactment to the legislatures of the several states) enacted in these states.

‡—Keepers classified and punishable as vagrants.

(b)—Unlawful to keep a house of ill-fame near schools, churches, or on principal streets of any town.

(d)—Offense classified as vagrancy by state law only in New Orleans.

(e)—Law penalizes unlawful and forcible taking female and causing her to be defiled.

(f)—Law also penalizes the receiving of money for placing of female in custody of another for purposes of prostitution.

(g)—Law penalizes solicitation by women only for prostitution.

(h)—Courts seem inclined to interpret the word person in the New York law as female.

(i)—Offense is classified and punishable as vagrancy.

(j)—Law penalizes the woman who is a common prostitute as a vagrant or disorderly person.

(k)—House of prostitution is declared a public nuisance and may be abated under the general law of Injunction and Abatement against public nuisances.

(l)—Unlawful to give body for prostitution for hire.

(m)—Unlawful to receive body for prostitution for hire.

(n)—Law against male customer or prostitute is not adequate.

## REQUIREMENTS OF STATE PREMARITAL EXAMINATION LAWS †

STATE	DATE OF LAW Approved	DATE OF LAW Effective	SCOPE OF EXAMINATION				TEST REQUIREMENTS FOR SYPHILIS		SEROLOGIC LABORATORY REPORTS ON OUT OF STATE FORMS ACCEPTED
			Syphilis Physical Examination	Gonorrhea Serologic Laboratory Test	Physical Examination	Microscopic Test	Other Venereal Diseases	Days Valid	
California*.....	June 5, 1939	Sept. 19, 1939	yes	yes	no	no	no	30	Kolmer, Eagle, Craig Fix., Kahn, Kline, Hinton, Eagle Precip. yes (11)
Colorado.....	Apr. 10, 1939	Oct. 10, 1939	yes	yes	yes	no	yes	30	Kahn official, others accepted yes (24)
Connecticut*....	May 23, 1935	Jan. 1, 1936	no	yes	no	no	no	40	Wassermann, Kahn, Kline, Hinton, or any standard serologic test yes (24)
Idaho.....	Feb. 11, 1943	Apr. 30, 1943	yes	yes	yes	no	yes	30	Standard serologic test yes
Illinois*.....	June 23, 1937	July 1, 1937	yes	yes	yes	yes	yes	15	Standard serologic test yes
Indiana.....	March 9, 1939	March 1, 1940	yes	yes	no	no	no	30	Kolmer, Eagle Fix., Kahn, Kline, Hinton, Eagle Precip., Mazzini no
Iowa.....	Apr. 5, 1941	Apr. 9, 1941	yes	yes	no	no	no	20	Standard serologic test yes (7)
Kentucky*.....	Feb. 28, 1940	Jan. 1, 1941	yes (53)	yes (53)	yes	no	yes	15	Kolmer modification of Wassermann test, Kahn, Kline, Hinton, Eagle yes (24)
Maine*.....	Apr. 10, 1941	July 25, 1941	yes	yes	no	no	no	30	Standard serologic test yes (17)
Massachusetts†...	June 12, 1943	June 12, 1943	yes	yes	no	no	no	30 (49)	Standard serologic test no
Michigan*.....	July 20, 1937	Oct. 29, 1937	yes (53)	yes (53)	yes	yes (28)	yes (51)	30	Any test performed in a State Health Dept. Laboratory yes (24)
Missouri.....	Apr. 13, 1943	Jan. 1, 1944	yes (31)	yes	no	no	no	15 (54)	Standard serologic test yes (26)
Nebraska.....	Mar. 23, 1943	Aug. 29, 1943	yes	yes	no	no	no	30	Standard serologic test no
New Hampshire.....	Aug. 12, 1937	Oct. 1, 1938	yes	yes	yes	no	no	30	Wassermann, Kahn or other standard serologic test no
New Jersey.....	May 3, 1938	July 1, 1938	no	yes	no	no	no	30	Wassermann, Kahn or other standard serologic test yes

† As of November 1, 1944. See page 476 for Supplementary Notes.

## REQUIREMENTS OF STATE PREMARITAL EXAMINATION LAWS 473

SEROLOGIC REPORTS ACCEPTED FROM ANY			LICENSE		MEDICAL CERTIFICATES ACCEPTED FROM ANY			FREE				
Other State Dept. of Health Laboratory	Territorial Dept. of Health Laboratory	D.C. Health Dept. & N.Y.C. Dept. Of Health Laboratories	U.S.P.H.S. Army or Navy Laboratory	Issued When Not Communicable	Prerequisites Waived	MEDICAL CERTIFICATES ON OUT OF STATE FORMS ACCEPTED	Out of State Licensed Physician	Commissioned U.S.P.H.S. Army or Navy Medical Officer	State Laboratory Tests to Physicians	Physical Examinations to Patients	RESULT FILED WITH STATE DEPARTMENT OF HEALTH	PENALTY
yes (8)	yes	yes	yes	yes (40)	yes (40)	yes (11)	yes (2)	yes (20)	yes	no	yes (47)	yes
yes (4) (14)	yes (14)	yes	yes	yes (40)	yes (40)	yes (24)	yes (6)	yes	yes (36)	no	yes	no
yes	no	D.C. only	(15)	yes	yes (40)	yes (24)	yes (2)	yes	yes	no	no (47)	yes
yes (12)	yes	yes	yes	yes	yes (40)	yes	yes	yes	yes (36)	yes (46)	yes (47)	yes
yes	yes	yes	yes	yes (37) (38)	yes (30) (32) (33)	no	yes	no	yes	no	no	yes
yes	yes	D.C. only	yes	yes	yes (40)	no	yes	yes	yes	no	yes (48)	yes
yes (7)	yes	yes	yes	yes (37)	yes (32)	yes (7)	yes (7)	yes	yes	no	yes (47)	yes
yes	no	no	yes (18)	yes	yes (32) (40)	no	no	yes	yes	no	yes (47)	yes
yes	no	D.C. only	yes	yes (39)	yes (33)	yes (17)	yes (25)	yes (25)	yes (36) (41) (50)	yes (48)	yes	yes
yes	yes	D.C. only	yes	(52)	yes (34)	no	yes	yes (19)	yes	no	no	yes
yes (8)	no	yes	yes	yes (37) (38)	yes (32) (40)	yes (24)	yes (9)	yes	yes	no	no	yes
yes (4) (14)	no	no	yes	yes (35)	yes (33)	no (26)	no	no	yes (36)	no	yes (26)	yes
yes	no	no	yes	yes	yes (40)	no	yes (2)	yes	yes	yes (41)	yes (47)	yes
yes	no	D.C. only	yes	yes	yes (40)	no	yes	yes	yes	no	yes	yes
yes	yes	yes (10)	yes	yes	no (21)	yes	yes	yes	yes	no	no	yes

## REQUIREMENTS OF STATE PREMARITAL EXAMINATION LAWS †

STATE	DATE OF LAW		SCOPE OF EXAMINATION				TEST REQUIREMENTS FOR SYPHILIS		SEROLOGIC LABORATORY REPORTS ON OUT OF STATE FORMS ACCEPTED	
			Syphilis	Gonorrhea						
	Physical Examination	Serologic Laboratory Test	Physical Examination	Microscopic Test	Other Venereal Diseases	Days Valid	Approved Blood Tests			
New York*.....	Apr. 12, 1938	July 1, 1938	yes	yes	no	no	no	30	Kahn, Wassermann, or test approved by State Health Commissioner	yes
New York City*.	Apr. 12, 1938	July 1, 1938	yes	yes	no	no	no	30	Complement - Fixation or Kahn	yes (24)
North Carolina*.	Apr. 3, 1939	Apr. 3, 1939	yes	yes	yes	yes (28)	yes	30	Kolmer, Eagle Fix., Kahn, Kline, Hinton, Eagle Precip.	no
North Dakota*..	Mar. 13, 1939	July 1, 1939	no	yes	no	no	no	30	Complement - Fixation and Flocculation	yes
Ohio.....	May 16, 1941	Aug. 18, 1941	yes	yes	no	no	no	30	Standard serologic test. (Eagle, Hinton, Kline, Kahn and Kolmer)	no (22)
Oregon*.....	Mar. 12, 1937	Dec. 1, 1938	yes	yes	yes	yes (28)	yes	10	Kolmer and Kahn	yes (11)
Pennsylvania....	May 17, 1939	May 17, 1940	yes	yes	no	no	no	30	Two tests—Complement—Fixation and Flocculation	no
Rhode Island....	Mar. 29, 1938	Apr. 28, 1938	yes	yes	yes	no	no	40	Wassermann, Kahn or other standard serologic test	no
South Dakota...	Mar. 10, 1939	July 1, 1939	yes	yes	no	no	no	20	Standard serologic test	yes (24)
Tennessee*.....	Mar. 10, 1939	July 1, 1941	yes (53)	yes (53)	yes	yes (28)	yes (29)	30	Eagle, Hinton, Kahn, Kline, Kolmer	yes (24)
Utah.....	Feb. 28, 1941	July 1, 1941	yes	yes	yes	yes (28)	yes	15	Standard serologic test	no
Vermont*.....	Apr. 10, 1941	July 31, 1941	yes	yes	no	no	no	30	Any test; if Flocculation positive, Complement-Fixation required	yes
Virginia.....	Feb. 28, 1940	Aug. 1, 1940	yes (31)	yes	no	no	no	30	Standard serologic test	yes (55)
West Virginia....	Feb. 25, 1939	May 26, 1939	yes	yes	no	no	no	30	Standard Complement Fixation or Floc. test	no
Wisconsin*.....	June 29, 1937	July 31, 1937	yes (27)	yes	yes (27)	yes (27) (28)	yes (27)	15	Standard serologic test	yes (16)
Wyoming.....	Feb. 1, 1943	May 21, 1943	yes	yes	yes	yes (51)	yes (51)	30	Standard serologic test	no

† See page 476 for Supplementary Notes.

## REQUIREMENTS OF STATE PREMARITAL EXAMINATION LAWS 475

SEROLOGIC REPORTS ACCEPTED FROM ANY				LICENSE		MEDICAL CERTIFICATES ACCEPTED FROM ANY		FREE		PENALTY		
	Other State Dept. of Health Laboratory	Territorial Dept. of Health Laboratory	D.C. Health Dept. & N.Y.C. Dept. Of Health Laboratories	U.S.P.H.S., Army or Navy Laboratory	Issued When Not Communicable	Prerequisites Waived	MEDICAL CERTIFICATES ON OUT OF STATE FORMS ACCEPTED	Out of State Licensed Physician	Commissioned U.S.P.H.S., Army or Navy Medical Officer	State Laboratory Tests to Physicians	Physical Examinations to Patients	RESULT FILED WITH STATE DEPARTMENT OF HEALTH
yes	no	yes	yes (23)	yes (23)	yes (40)	yes	yes	yes	yes	yes	yes (42)	yes
yes	yes	yes	yes (23)	yes (23)	yes	yes (33) (40)	yes (24)	yes	yes	no	yes (42)	yes
yes (4)	no	yes	yes	yes	yes	yes	no	no	yes (20)	yes (41)	yes (41)	no
yes (12)	no	no	no	yes	yes (40)	no	no	no	no	no (43)	no	yes (48)
no (22)	no	no (22)	yes (23)	yes (39)	no	no (22)	no (22)	yes (23)	yes (20)	yes (41)	no	yes (47)
yes	no	no	USPHS only	yes (37) (38) (39)	no	yes (11)	no	yes (20)	yes (41)	(45)	no	yes
yes	yes	yes (10)	yes	yes (39)	yes (40)	no	no	yes	yes (36) (41)	no	no	yes
yes (5)	no	yes	yes	yes	yes (40)	no	no	yes	(44)	yes (41)	no	yes
yes (4)	yes	yes	yes	no (56)	yes (32)	yes (24)	yes	yes	yes	no	yes	yes
yes (3)	yes	D.C. only	yes	yes (39)	yes (32) (40)	yes (24)	yes	yes	yes (36)	yes (41)	no	yes
yes (13)	yes (13)	yes	yes	yes	yes (40)	no	yes (13)	yes	yes (41)	no	yes (47)	yes
yes (14)	no	yes	yes	yes	yes (40)	yes	yes	yes	yes	no	no	yes
yes (12)	yes	yes	yes	(52)	(52)	no	yes (2)	yes	yes (41)	yes (41)	yes (48)	yes
yes	yes	D.C. only	yes	yes	yes (40)	no	no	no	(36)	(36)	no	yes
yes (4) (16)	yes (16)	no	yes	yes (37) (38)	yes (40)	yes (16)	yes (16)	yes	yes (36)	yes (41)	no	yes
yes (12)	yes	yes	yes	yes	no	no	no	no	yes	no	yes	yes

*Supplementary Notes*

- \* Law amended.
- † Former premarital law repealed.
- (2) From physicians licensed in U.S. territory also.
- (3) Laboratories of author—serologists: Eagle, Hinton, Kahn, Kline, Kolmer, also.
- (4) Also from any laboratory approved by any state health officer or state dept. of health.
- (5) Local laboratories approved only by arrangement with R.I. State Health Dept.
- (6) Physician should indicate on certificate state in which he is licensed.
- (7) Applicant from state which has premarital examination law must comply with own state law in lieu of Iowa's. Certificate must be signed and notarized by physician. Iowa non-resident form required for residents of state with no premarital examination law.
- (8) Ottawa, Toronto, and Quebec provincial laboratories also. (Calif. accepts from all provincial laboratories.)
- (9) Premarital examinations to include all venereal diseases; blood test alone not sufficient.
- (10) From Phila. and Baltimore Health Dept. laboratories also.
- (11) From other states with similar premarital examination laws. (For Calif. examinations and test must be performed within 30 days prior to issuance of license.)
- (12) From state health dept. laboratories which are approved. (Va. accepts from those state dept. of health laboratories which participate in U.S.P.H.S. serologic survey.)
- (13) From states and territories which reciprocate with Utah.
- (14) From laboratories approved by U.S.P.H.S. accepted, also.
- (15) Reports from V.D. Research Laboratory, U.S. Marine Hospital, Staten Island, N.Y., signed by commissioned medical officer, acceptable.
- (16) Original laboratory report from out of state laboratory must be submitted with physician's statement and endorsement of laboratory by out of state health officer.
- (17) During present emergency and six months thereafter out of state forms accepted if forms have same statements as those of Maine.
- (18) From U.S.P.H.S., Army and Navy laboratories located in Ky. and approved by Ky. State Dept. of Health only.
- (19) Examination and medical certificate by physician on active duty in Army or Navy acceptable.
- (20) Reports of examinations of men in armed services by their medical officers accepted. (In Ore. only during war and 30 days after termination thereof.)
- (21) Only when criminal charge of bastardy, rape or fornication is preferred and defendant consents to marry such female.
- (22) Applicants who were former residents of a state with premarital law similar to Ohio, may, however, present certificate from out of state official who issues marriage licenses, certifying premarital law complied within that state by applicants.
- (23) U.S.P.H.S., Army and Navy laboratories approved for blood tests for men in the armed services only. (In Ohio acceptable at discretion of Probate Judge.)
- (24) Accept such forms providing they contain same information which appears on own forms. (Notarization of such forms necessary for use in Ky.)
- (25) If a graduate of a Grade A medical school.
- (26) Regulations regarding forms to be used and filing of laboratory results not issued as yet.
- (27) Male only.
- (28) At physician's discretion.
- (29) If history of chancre.
- (30) State Dept. of Health approval.
- (31) If initial blood test indicates evidence of syphilis.
- (32) On physician's affidavit of pregnancy.
- (33) On woman's statement of pregnancy. (In Mo. on physician's certificate of pregnancy or imminent death.) In Ill. on woman's affidavit that she is the mother of the child if a copy of the birth record of the illegitimate child is not available.)
- (34) No certificate required in cases of pregnancy or imminent death.
- (35) Report of negative blood test and affidavit by applicant saying he is free from syphilis, also accepted for license.
- (36) On request of physician. (In Mo. also on request of patient; in W. Va. by going to county health dept.)
- (37) Only if blood test negative.
- (38) Positive requires State Dept. of Health approval.
- (39) Law grants right of appeal.
- (40) By court order. (In Neb. affidavit of pregnancy or any person's statement of imminent death; in Colo. by health dept. only.)
- (41) Free to patient if unable to pay.
- (42) Submitted to district, county or city dept. of health.
- (43) Maximum fifty cent charge.
- (44) Reasonable.
- (45) Maximum five dollars.
- (46) Maximum two dollars.
- (47) By laboratory. (In Conn. if positive and performed at State Dept. of Health laboratory.)
- (48) By physician.
- (49) Examination and laboratory tests shall be made not more than 30 days before marriage license is issued.
- (50) Maximum three dollars.
- (51) As indicated by physical examination.
- (52) Law does not prohibit marriage in any case. If syphilis diagnosed, physician must notify other applicant. Infected applicant must take treatment as approved by state health commissioner.
- (53) Darkfield when necessary.
- (54) Marriage license void if not used within 10 days from date of issuance.
- (55) Providing result of test is indicated.
- (56) License issued if patient has received minimum of 40 treatments, if infection is over 4 years duration and if attending physician's judgment is that disease is non-infectious.

## REQUIREMENTS OF STATE PRENATAL EXAMINATION LAWS 477

## REQUIREMENTS OF STATE PRENATAL EXAMINATION LAWS †

STATE	Approved	Effective	BLOOD TEST REQUIREMENTS					REQUIREMENTS FOR BIRTH CERTIFICATE		PENALTY	
			Mandatory	At First Examination	Serologic Test	Standard Serologic Test	Laboratory Approved by State Dept. of Health	Serologic Test Free	If No Test Taken To Be Noted		
California.....	May 9, 1939	Sept. 19, 1939	yes a	ij	yes q	yes	no	yes	yes s	yes	yes t
Colorado.....	Apr. 10, 1939	Apr. 10, 1939	yes a	ij	yes q	yes	yes x	yes	yes	yes	yes t
Connecticut.....	June 18, 1941	July 1, 1941	yes	yes o	yes q	yes	yes x	(2)	yes s	yes	yes
Delaware.....	Mar. 8, 1939	Mar. 8, 1939	yes	yes	yes q	yes	yes x	(2)	yes s	yes	no
Georgia.....	Mar. 18, 1943	July 1, 1943	yes	yes o	yes q	yes	yes rv	no	yes s	yes	yes
Idaho.....	Feb. 5, 1943	Apr. 30, 1943	yes a	yes j	yes q	yes	yes x	yes	yes	yes	yes t
Illinois.....	July 21, 1939	July 21, 1939	yes	yes	q	yes	yes x	(2)	yes	yes	yes
Indiana.....	Feb. 18, 1939	Jan. 1, 1940	yes e	p	yes q	yes	yes (4)	(5)	yes s	yes	yes
Iowa.....	May 17, 1939	July 4, 1939	yes	k	yes	yes	yes	yes	yes s	yes	yes
Kansas.....	Mar. 22, 1943	July 1, 1943	yes c	k	yes	m	no	no	yes s	yes	yes
Kentucky.....	Mar. 18, 1940	June 12, 1940	yes	i	q	yes	yes x	yes	yes s	yes	yes
Louisiana.....	July 12, 1940	July 31, 1940	yes b	yes l	yes y	h	yes (4)	(5)	yes	(3)	yes
Maine.....	Apr. 20, 1939	July 20, 1939	yes d	n	yes q	yes	yes x	yes	no	no	no
Massachusetts....	Aug. 3, 1939	Nov. 1, 1939	yes f	yes	yes	yes	no	no	no	no	no
Michigan.....	May 16, 1939	May 16, 1939	yes	yes	yes q	yes	yes x	no	yes s	yes	no
Missouri.....	July 28, 1941	Oct. 10, 1941	yes d	yes w	yes	yes	yes x	no	yes s	yes	yes
Nebraska.....	Mar. 25, 1943	Aug. 29, 1943	yes	yes	yes q	yes	yes	yes	yes s	yes	no
Nevada.....	Mar. 28, 1941	July 1, 1941	yes	yes	yes q	yes	yes x	no	no	no	no
New Jersey.....	Mar. 30, 1938	Jan. 1, 1939	yes	yes	yes q	yes	yes	no	yes	yes	no
New York.....	Mar. 18, 1938	Mar. 18, 1938	yes	yes	yes q	yes	yes	(2)	yes s	yes	yes

† As of November 1, 1944. See page 478 for Supplementary Notes.

STATE	DATE OF LAW		BLOOD TEST REQUIREMENTS					REQUIREMENTS FOR BIRTH CERTIFICATE			PENALTY	
	Approved	Effective	Mandatory	At First Examination	Standard Serologic Test	Laboratory Approved by State Dept. of Health	Serologic Test Free	RESULT FILED WITH STATE DEPARTMENT OF HEALTH	If No Test Taken To Be Noted	Date of Test To Be Noted	Test Result Not To Be Recorded	
North Carolina....	Apr. 3, 1939	Jan 1, 1940	yes g	s	q	yes	yes rz	no	yes	yes	no	yes
Oklahoma.....	Mar. 10, 1939	July 28, 1939	yes c	yes	yes q	yes	yes x	no	yes s	yes	yes	no
Oregon.....	Mar. 7, 1941	June 13, 1941	yes d	lj	yes q	yes	yes xz	no	yes s	yes	yes	no
Pennsylvania....	June 24, 1939	June 24, 1940	yes b	yes j	yes q	yes	yes rx	no	yes s	yes	no	yes
Rhode Island....	Apr. 22, 1938	Apr. 22, 1938	yes	o	yes	yes	no	no	no	no	no	yes
South Dakota....	Mar. 8, 1939	June 6, 1939	yes	yes	yes	yes	yes x	yes	yes s	yes	yes	no
Utah.....	Feb. 28, 1941	May 13, 1941	yes a	yes j	yes q	yes	yes x	yes	yes	yes	yes	yes t
Vermont.....	Apr. 10, 1941	July 31, 1941	yes	u	yes q	yes	no	(5)	yes s	yes	yes	no
Washington....	Mar. 16, 1939	Jan 2, 1940	yes	yes	yes q	yes	yes x	no	no	no	no	no
Wyoming.....	Feb. 20, 1941	Apr. 21, 1941	yes a	ij	yes q	yes	yes x	yes	yes	yes	yes	yes t

## SUPPLEMENTARY NOTES

- a Except when woman refuses request for specimen.  
 b If no objection by the woman.  
 c At woman's request or with her consent.  
 d If woman gives consent.  
 e Except if woman opposed to medical examination on grounds of spiritual means.  
 f Unless a test was taken by another physician during the pregnancy.  
 g Upon request of woman.  
 h Tests accepted from laboratory duly operated (see y) or in hospitals approved unconditionally by American College of Surgeons.  
 i Test to be taken at first visit.  
 j Or within 10 days after. (In Idaho and Pa. within 15 days after.)  
 k Within 14 days.  
 l Or as soon as possible.  
 m Blood specimens sent to private laboratories, State Dept. of Health laboratory at Topeka, or other laboratories cooperating with State Dept. of Health.  
 n During gestation.  
 o Within 30 days of first professional visit. (Ga. and Conn. within 30 days of first examination.)
- p At diagnosis.  
 q Tests must be approved by State Dept. of Health.  
 r If patient unable to pay.  
 s If test not taken, reason to be stated.  
 t Except if woman refused request.  
 u If possible, prior to 3rd month of gestation.  
 v Charge of not more than \$1.00.  
 w Within 20 days thereof.  
 x To physician requesting such from State Dept. of Health laboratories.  
 y As approved by the American Board of Pathology.  
 z No charge to be made to any patient by the physician for services in taking blood specimen.  
 (2) If positive, to be reported. (In Conn. if positive and performed in State Dept. of Health laboratory.)  
 (3) Not required by law but date is asked on birth certificate blank.  
 (4) Performed free of charge in State Dept. of Health laboratories.  
 (5) State laboratory tests only.

## FORMS AND PRINCIPLES OF STATE SOCIAL HYGIENE LAWS

*Prepared by*

DIVISION OF LEGAL AND PROTECTIVE SERVICES  
AMERICAN SOCIAL HYGIENE ASSOCIATION

The form of laws suggested here is similar to that adopted by many states for repression of prostitution and for the prevention and control of venereal diseases, and contains adequate provisions for effective use. Before any such bills are introduced, they should be carefully examined by some attorney reasonably experienced in the special fields concerned in the particular state, in order that such changes may be made therein as will bring them into harmony with the legal usage and procedure in that state. State constitutions should be examined for requirements as to scope and title of state laws, such as constitutional requirements: (1) that a statute deal with only one subject; (2) that all subjects of a statute be expressed in its title; (3) miscellaneous state constitutional provisions.

### A

#### ESSENTIAL PROVISIONS OF STATE LAWS FOR REPRESSION OF PROSTITUTION WITH A BRIEF INTERPRETATIVE SUMMARY OF THEIR USE IN DEALING WITH THIS PROBLEM

##### *Provisions*

Section I. It shall be unlawful for any person, corporation, or association:

(a) To keep, set up, maintain, or operate any house, place, building, other structure or part thereof, or vehicle, trailer, or other conveyance for the purpose of prostitution, lewdness, or assignation;

(b) To knowingly own any house, place, building, other structure, or part thereof, or vehicle, trailer, or other conveyance used for the purpose of lewdness, assignation, or prostitution, or to let, lease, or rent, or contract to let, lease, or rent any such place, premises, or conveyance or part thereof, to another with knowledge or reasonable cause to believe that the intention of the lessee or rentee is to use such place, premises, or conveyance for prostitution, lewdness, or assignation;

##### *Interpretation*

##### I—(a) and (b)

Third parties, such as keepers, owners and operators of houses of prostitution, madams, and the like, use every means to exploit prostitutes and their customers for profit. These legal provisions penalize such persons and declare their activities to be crimes.\*

\* A civil action (Injunction and Abatement Law) may also be brought in a court of equity to close a house of prostitution as a public nuisance.

(c) To offer, or to offer to secure, another for the purpose of prostitution, or for any other lewd or indecent act;

(d) To receive or to offer or agree to receive any person into any house, place, building, other structure, vehicle, trailer, or other conveyance for the purpose of prostitution, lewdness, or assignation, or to permit any person to remain there for any such purpose;

(e) To direct, take, or transport, or to offer or agree to take or transport, or aid or assist in transporting, any person to any house, place, building, other structure, vehicle, trailer, or other conveyance, or to any other person with knowledge or reasonable cause to believe that the purpose of such directing, taking, or transporting is prostitution, lewdness, or assignation;

(f) To procure a female inmate for a house of prostitution; or to cause, induce, persuade, or encourage by promise, threat, violence, or by any scheme or device, a female to become a prostitute or to remain an inmate of a house of prostitution; or to induce, persuade, or encourage a female to come into or leave this state for the purpose of prostitution, or to become an inmate in a house of prostitution; or to receive or give, or agree to receive or give any money or thing of value for procuring, or attempting to procure any female to become a prostitute or an inmate for a house of prostitution;

(g) To knowingly accept, receive, levy or appropriate any money or other thing of value, without legal consideration, from the proceeds or earnings of any woman engaged in prostitution.

Section II. It shall further be unlawful for any person:

(a) To engage in prostitution, lewdness, or assignation;

(b) To solicit, induce, entice, or procure another to commit an act of lewdness, assignation, or prostitution, with himself or herself;

(c) To reside in, enter, or remain in any house, place, building, or other structure, or to enter or remain in any vehicle, trailer, or other conveyance for the purpose of prostitution, lewdness, or assignation.

#### I—(c), (d) and (e)

These provisions penalize the persons who receive others into any place or vehicle for prostitution and define and make illegal the activities of go-betweens such as the bellboys, taxi-drivers, and others who bring for a monetary consideration, the prostitute and the customer together.

#### I—(f) and (g)

Provisions dealing with the activities of panderers and procurers of women for the purpose of prostitution are commonly called "white slave" laws. The penalties should be severe if the traffic in women and girls is to be curbed. These provisions attempt to attack this vicious racket at its heart.

#### II—(a) to (c)

Prostitution activities of the man and woman are made, by these provisions, unlawful and illegal.

Section III. That the term "prostitution" shall be construed to include the giving or receiving of the body for sexual intercourse for hire, and shall also be construed to include the giving or receiving of the body for indiscriminate sexual intercourse without hire. The term "lewdness" shall be construed to include any indecent or obscene act. The term "assignation" shall be construed to include the making of any appointment or engagement for prostitution or lewdness or any act in furtherance of such appointment or engagement.

Section IV. It shall be unlawful to aid, abet, or participate in the doing of any of the acts enumerated in Sections I and II.

Section V. That in the trial of any person charged with a violation of any of the provisions of Section I of this Act, testimony concerning the reputation of any place, structure, or building and of the person or persons who reside in or frequent the same and of the defendant shall be admissible in evidence in support of the charge.

Section VI. That any person who shall be found to have committed a single violation of Section II of this Act shall be deemed to be guilty in the third degree. That any person who shall be found to have committed two or more violations of Section II of this Act within a period of one year next preceding the date named in an indictment, information, complaint, or charge of violating Section II shall be deemed to be guilty in the second degree. That any person who shall be found to have committed a violation of Section I of this Act shall be deemed to be guilty in the first degree.

#### Section VII.

(a) That any person who shall be deemed to be guilty in the third degree as set forth in Section VI, may be subject to commitment to a reformatory institution for not more than six months;

Provided, that the sentence imposed, or any part thereof, may be suspended, and provided, further, that the defendant may be placed on probation.

(b) That any person who shall be deemed guilty in the second degree, as set forth in Section VI, shall be subject to commitment to a reformatory institution for an indeterminate period of not more than three years in duration, and the Board of Managers or Directors of

#### III

Under this provision, the promiscuous man who has intercourse with a promiscuous woman can be punished as well as the woman. Another important principle is that it places sexually delinquent boys and girls, who are serious problems at this time, under the control of the courts which can use their powers for the redirection or rehabilitation and retraining of such boys and girls.

#### IV

This provision makes it possible to deal with many technical evasions of responsibility for the acts enumerated.

#### V

According to this provision courts admit evidence of the reputation of a place or house, as well as that of the inmates and frequenters, to support the charge of violating Section I of this Act.

#### VI and VII—(a) to (e)

These provisions emphasize the principles that:

- (a) no prostitute shall be fined;
- (b) commitment should be to institutions suitable for rehabilitation, including treatment for the venereal diseases, rather than to jails or other penal institutions;

the reformatory institution shall have authority to discharge or place on parole any person so committed after serving therein for a minimum period of three months and to require the return to the said institution for the balance of the maximum term of any person who shall violate the terms or conditions of the parole;

Provided, that the court or judge imposing sentence may in his discretion place the defendant on probation for a period of not less than one year, nor more than three years.

(c) That any person who shall be deemed to be guilty in the first degree, as set forth in Section VI, shall be subject, for a term of not more than three years, to imprisonment in or commitment to any state, city or county penal or reformatory institution, which is or may hereafter be authorized to receive persons convicted of criminal offenses;

Provided, that in case of a commitment to a reformatory institution the commitment shall be made for an indeterminate period of time of not more than three years or not less than six months in duration, and the Board of Managers or Directors of the reformatory institution shall have authority to discharge, or place on parole, any person so committed after the service of a minimum term of six months, or any part thereof, and to require the return to the said institution for the balance of the maximum term of any person who shall violate the terms or conditions of the parole.

(d) That the suspension of sentence or the release on probation or parole of any person infected with a venereal disease shall not prevent the imposition of such terms and conditions as may be made by the health officer in order to prevent the spread thereof, nor limit the authority of the health officer to require persons convicted under this act of offenses involving sexual promiscuity to be examined for venereal diseases.

(e) the terms should be indeterminate up to three years with provision for discharge or parole of inmates at discretion of the Board of Managers of the institution and for return thereto of violators of parole for the balance of maximum terms.\*

\* The court in which a prostitute is convicted should notify the local health officer immediately following such conviction and should not discharge from custody on probation or otherwise any such prostitute until the health officer has had opportunity to examine her for venereal disease, or to take such further action concerning her as he deems necessary for the protection of the public health; and prostitutes placed on probation by the court or paroled from institutions should be under the care and supervision of women probation or parole officers only.

(e) That no girl or woman who shall be convicted under this Act shall be placed on probation or parole in the immediate care or charge of any person excepting a woman probation officer.

Section VIII. That all courts of record shall have jurisdiction to try all cases involving violation of any of the provisions of this Act.

Section IX. That all state laws and city ordinances or parts thereof in conflict with the provisions of this Act be and the same are hereby repealed.

Section X. That the declaration by the courts that any of the divisions, sections, subsections, sentences, clauses, phrases, or requirements of this Act is for any reason unconstitutional, such decision shall not affect the validity of the remaining portions thereof which the legislature hereby declares it would have passed even if it had known that one or more of such divisions, sections, subsections, sentences, clauses, phrases, or requirements might be declared unconstitutional.

### VIII

This provision enables all courts of record to hear all cases involving violations of this Act.

### X

Declaration by the courts that any provision of this Act is unconstitutional shall not affect any other provision.

### B

#### PRINCIPAL PROVISIONS OF A STATE PREMARITAL EXAMINATION LAW WITH A BRIEF INTERPRETATIVE SUMMARY OF APPLICATION \*

##### *Provisions*

Section 1. Before any person, who is or may hereafter be authorized by law to issue marriage licenses, shall issue any such license, each applicant therefor shall file with him a certificate from a duly licensed physician which certificate shall state that the applicant has been given such examination, including a standard serological test, as may be necessary for the discovery of syphilis, made not more than thirty days prior to the date of issuance of such license, and that, in the opinion of such physician, the person either is not infected with syphilis, or if so infected, is not in a stage of this disease which is or may become communicable to the marital partner. Any person who by law is validly able to obtain a marriage license in the (name of the state) is validly able to give consent to any examination and tests required by this Act. In submitting the blood specimen to the lab-

##### *Interpretation*

##### 1

This provision requires each applicant for a marriage license to present to the licensing authority a certificate from a licensed physician stating a premarital examination, including a standard serological test for syphilis, was made within a certain period of time, which showed freedom from infectious syphilis, as a prerequisite to the issuance of such license.

\* Based on the California Premarital Examination Law. A more comprehensive statement on the status and operation of this legislation is found in the *Summary of State Legislation Requiring Premarital and Prenatal Examinations for Venereal Diseases*, 2nd Edition, Publication No. A-522, 25 cents postpaid, American Social Hygiene Association, 1790 Broadway, New York 19, N. Y.

oratory the physician shall designate that this is a premarital test.

Section 2. The certificate shall be accompanied by a statement from the person in charge of the laboratory making the test, or from some other person authorized to make such reports, setting forth the name of the test, the date it was made, the name and address of the physician to whom the test was sent and the name and address of the person whose blood was tested, but not stating the result of the test. Except as herein-after provided, the certificate of a physician and the statement from a person in charge of a laboratory or from a person authorized to make reports for the laboratory shall be on a form to be provided and distributed by the (name of the state) Department of Public Health to laboratories in the state approved by the (name of the state) Department of Public Health. This form is hereinafter referred to in this Act as "the certificate form."

Section 3. Certificate forms provided by other states having comparable laws will be accepted for persons who have been examined and who have received serological tests for syphilis outside of (name of the state); provided, such examinations and tests are performed not more than 30 days prior to the issuance of a marriage license. Certificates provided by the United States Army or Navy will be accepted for military personnel; provided, such certificates are signed by a medical officer commissioned in the United States Army or Navy; and provided, the certificates state the examinations and serological tests for syphilis were performed not more than 30 days prior to the issuance of the marriage license.

Section 4. For the purpose of this Act a standard serological test shall be a test for syphilis approved by the (name of the state) Department of Public Health, and shall be performed by the state department of public health on request, free of charge. An approved laboratory shall be the laboratory of the (name of the state) Department of Public Health, or a laboratory approved by the (name of the state) Department of Public Health, or any other laboratory the director of which is licensed by said State Department of Public Health according to law. In case of question concerning accuracy of tests prescribed in this Act, it shall be mandatory upon the State Department of Public Health to accept specimens for checking purposes from any district in the state.

## 2

The physician's certificate, under this provision, must be accompanied by a laboratory report giving the name and the date of the blood test made, which must not state the result.

## 3

Medical certificates and serologic laboratory reports on out-of-state forms will be accepted from other states with similar premarital examination laws; also certificates for military personnel when executed by Army or Navy physicians, provided such examinations and tests are performed not more than 30 days prior to the issuance of the marriage license.

## 4

This provision defines standard serological test for syphilis to mean a test approved by the state department of health, and performed by the state department of health or by an approved laboratory.

Section 5. The (name of the state) Department of Public Health shall issue a "Laboratory Report Form" to be distributed upon application to all laboratories approved to do tests called for in this Act. Any laboratory doing tests called for in this Act shall prepare the report in triplicate. The original of this report shall be transmitted by the laboratory doing such test together with the certificate form to the certifying physician. The duplicate reports shall be forwarded at weekly intervals to the (name of the state) Department of Public Health. The triplicate shall be retained by the laboratory on file for five years and shall be open during that time for inspection by any authorized representative of the (name of the state) Department of Public Health.

5

This provision provides for the filing of reports of premarital laboratory tests by the laboratory performing the blood tests with the state department of health.

Section 6. The judge of the (name of proper) court in the county in which the license is to be issued is hereby authorized and empowered, on joint application by both parties to a marriage, to waive the requirements as to medical examinations, laboratory tests, and certificates and to order the licensing authority to issue the license applied for, if all other requirements of the marriage laws have been complied with, and if the judge is satisfied by affidavit or other proof that an emergency or other sufficient cause for such action exists and that the public health and welfare will not be injuriously affected thereby. In any case where such examinations and tests have been made and certificate or certificates have been refused because one or both of the applicants have been found to be infected with syphilis, the judge shall nevertheless be authorized and empowered on application of both parties to such marriage to order the licensing authority to issue the license, if all other requirements of the marriage laws have been complied with and if the judge is satisfied by affidavit or other proof that an emergency or other sufficient cause for such order exists and that the public health and welfare will not be injuriously affected thereby. In every such case, however, the clerk of the court shall transmit to the (name of the state) Department of Public Health a transcript of the record and the order thereon for such follow-up in said department as is required by law or deemed necessary by said department for the protection of the public health. The order of the court shall be filed by the licensing authority in lieu of the certificate form. The court when it is

6

This provision is designed to permit marriages of infected persons in special cases, by order of the proper court.

deemed necessary may, to the extent authorized by law or rules of court, order all proceedings instituted under the provisions of this Act to be confidential and private. There shall be no fee for these court proceedings. The certificate forms and the court orders shall be filed in the office of the county clerk.

Section 7. Any applicant for a marriage license, physician, or representative of a laboratory who shall misrepresent his identity or any of the facts called for by the certificate form prescribed by this Act; or any licensing officer who shall issue a marriage license without having received the certificate form or an order from the court, or who shall have reason to believe that any of the facts on the certificate form have been misrepresented, and shall nevertheless issue a marriage license; or any person who shall otherwise fail to comply with the provisions of this Act, shall be guilty of a misdemeanor. Certificates, laboratory statements or reports, applications and court orders, in this Act referred to and the information therein contained, shall be confidential and shall not be divulged to or open to inspection by any person other than state or local health officers or their duly authorized representatives. Any person who shall divulge such information or open to inspection such certificates, statements, reports, applications or court orders, without authority, to any person not by law entitled to the same shall be guilty of a misdemeanor.

Section 8. The sum of (\$.....)\* is hereby appropriated out of any money in the state treasury not otherwise appropriated, to be expended by the (name of the state) Department of Public Health for printing, necessary expenses relative to checking and approval of laboratories, clerical and technical assistance involved in administration of this Act and any other expenditures necessary for carrying out the provisions and purposes of this Act. All claims against this appropriation shall be submitted for approval and audit to the (name of the state) Department of Public Health, and shall be paid in accordance with law.

Section 9. Nothing in this Act shall impair or affect existing laws, rules, regulations or codes made by authority of law, relative to the reporting by physicians and others of cases of syphilis discovered by them.

7

This provision contains a penal clause, making it a misdemeanor for any misrepresentation of essential facts and for any other violation of the provisions of the Act.

8

This provision provides for appropriation to state department of health in the administration of this Act.

\* California appropriated \$20,000.00 for two years for carrying out the provisions of this law when it was passed in 1939.

Section 10. If any section, subsection, sentence, clause or phrase of this Act is for any reason held to be unconstitutional, such decision shall not affect the validity of the remaining portions thereof. The Legislature hereby declares that it would have passed this Act, and each and every section, subsection, sentence, clause and phrase thereof, irrespective of the fact that any one or more other sections, subsections, sentences, clauses or phrases be declared unconstitutional.

Section 11. This Act shall take effect on (a day specified at least three months after its passage).

10

Declaration by the courts that any provision of this Act is unconstitutional shall not affect any other provision.

**C**  
**PRINCIPAL PROVISIONS OF A STATE PRENATAL EXAMINATION  
 LAW WITH A BRIEF INTERPRETATIVE SUMMARY  
 OF APPLICATION \***

*Provisions*

Section 1. Every physician attending pregnant women in the (name of the state) for conditions relating to their pregnancy during the period of gestation and/or at delivery shall, in the case of every woman so attended, take or cause to be taken a sample of blood of such woman at the time of first examination, and shall submit such sample to an approved laboratory for a standard serological test for syphilis. Every other person permitted by law to attend pregnant women in the state, but not permitted by law to take blood samples, shall cause a sample of blood of such pregnant woman to be taken by a physician duly licensed to practice medicine and surgery and have such sample submitted to an approved laboratory for a standard serological test for syphilis.

Section 2. For the purpose of this Act a standard serological test shall be a test for syphilis approved by the Director of Health of (name of the state), and shall be made at a laboratory approved to make such tests by the Director of Health of (name of the state). Such laboratory tests as are required by this Act shall be made on request without charge at the Department of Health of the (name of the state).

*Interpretation*

1

This provision requires every physician or otherwise authorized attendant on a pregnant woman to take and submit a sample of blood to a laboratory for a test for syphilis.

2

This provision defines a standard serological test for syphilis to mean a test approved by the state department of health, and performed by the state department of health or an approved laboratory.

NOTE: This form of law does not have a penalty clause but 13 of the 30 states which now have prenatal examination legislation do penalize violations.

\* Based on the New Jersey Prenatal Examination Law. A more comprehensive statement on the status and operation of this legislation is found in the *Summary of State Legislation Requiring Premarital and Prenatal Examinations for Venereal Diseases*, 2nd Edition, Publication No. A-522, 25 cents postpaid, American Social Hygiene Association, 1790 Broadway, New York 19, N. Y.

Section 3. In reporting every birth and stillbirth, physicians and others required to make such reports shall state on the certificate whether a blood test for syphilis has been made upon a specimen of blood taken from the woman who bore the child for which a birth or stillbirth certificate is filed and the approximate date when the specimen was taken.

Section 4. The sum of (\$.....)†, or so much thereof as may be necessary, is hereby appropriated to the State Department of Health to cover the additional clerical, printing and other expenses in carrying out the provisions of this Act.

Section 5. This Act shall take effect on (a specified time).

3

Each birth certificate must state, whether test was made, and if not, why. (Result of test must not be shown.)

4

This provision provides for appropriation to state department of health for the administration of the Act.

## D

**PRINCIPAL PROVISIONS OF LAWS AND REGULATIONS FOR THE CONTROL AND PREVENTION OF THE VENEREAL DISEASES WITH A BRIEF INTERPRETATIVE SUMMARY OF THEIR USE IN DEALING WITH THIS PROBLEM \***

(The following outline suggests the principal provisions which should be embodied in state laws and regulations to enable the health authorities to deal effectively with the venereal diseases, as public health problems.)

<i>Provisions</i>	<i>Interpretation</i>
<b>(A) Penal, Correctional and Custodial Institutions Law</b> <i>Statute:</i> Should authorize health officers or deputies to examine or cause to be examined for communicable diseases, including venereal diseases, as defined in public health law, or state venereal disease regulations, the inmates of penal, correctional and custodial institutions.	(A) These provisions empower health authorities to cooperate with various institution officials in the treatment of inmates for venereal disease.
<i>Corresponding Regulation:</i> Should prescribe methods for such examination.	
<b>(B) Premarital Examination Law</b> <i>Statute:</i> Should require applicants for marriage licenses to have premarital examinations by physicians, blood tests by approved laboratories, and certificates by the examining physicians showing freedom from infectious syphilis, as prerequisites to the issuance of such licenses. State Boards of Health should be authorized and directed to prescribe examinations and blood tests	(B) These provisions require applicants for marriage licenses to have examinations by physicians, including blood tests for syphilis, and the presentation of medical certificates to licensing authorities showing freedom from infectious syphilis as prerequisites to the issuance of such licenses.

† New Jersey appropriated \$15,000.00, or so much as might be necessary, for carrying out the provisions of this law, when it was passed in 1938.

\* Approved by the medical staff of the American Social Hygiene Association including Dr. William F. Snow, Chairman, Executive Committee and Dr. Walter Clarke, Executive Director.

and to approve laboratories meeting requirements.

This provision has usually been adopted as an amendment to the state marriage law.

*Corresponding Regulation:* Should prescribe such examinations and blood tests.

(C) *Prenatal Examination Law*

*Statute:* Should require doctors in attendance on pregnant women to make examinations, and have blood tests made, by approved laboratories, for syphilis in such women.

State Board of Health should be authorized and directed to prescribe such examinations and blood tests and to approve laboratories meeting requirements.

Each birth certificate shall state whether such test was made. If such test was not made, the reason shall be given.

This provision has sometimes been adopted as an amendment to the state birth registration law.

*Corresponding Regulation:* Should prescribe such examinations and blood tests.

(C)

These provisions require doctors in attendance or otherwise authorized attendants on pregnant women to take blood tests for syphilis on such women for submission to approved laboratories for testing for syphilis.

(D) *Public Health Law*

I. *Definitions of venereal diseases*

*Statute:* Defining "venereal diseases" to include syphilis, gonorrhea, chancroid, granuloma inguinale and lymphogranuloma venereum; and declaring them to be contagious, infectious, communicable and dangerous to public health.

*Corresponding Regulation:* In states where it is not unconstitutional (under theories such as illegal delegation of legislative power) for health authorities to prescribe the categories of diseases contagious, infectious, communicable and dangerous to public health or to determine what diseases fall within such statutory categories, this result may be accomplishable by regulation.

II. *Prescriptions by physicians only*

*Statute:* Prohibiting any person other than a licensed physician from treating or prescribing for a case of venereal disease.

*Corresponding Regulation:* None

(D)—I

These provisions declare venereal diseases to be communicable and dangerous to the public health. On this foundation the venereal disease control program is based.

(D)—II

Only a qualified medical doctor can prescribe for or treat venereal disease.

*III. Advertising venereal disease remedies*

*Statute:* Prohibiting the advertisement of cures or remedies for venereal diseases.

*Caution:* The provisions should not prevent such advertisements in professional medical, pharmaceutical and public health publications; nor announcement of authorized medical and clinical services and facilities.

*Corresponding Regulation:* None

*IV. Sale of appliances, remedies, et cetera.*

*Statute:* Making it unlawful: (a) to display, sell, or dispose of appliances, drugs or medicinal preparations for the prevention or treatment of venereal diseases except in registered pharmacies and as may be provided for in medical practice acts; (b) for pharmacies or anyone else to sell remedies or drugs for venereal diseases except on prescription by a licensed physician.

*Caution:* Special exceptions should be provided to save acts other than medical practice acts considered desirable—such as the Kentucky statute (Ch. 55, L. 1938).

*Corresponding Regulation:* None

*V. Reporting*

*Statute:* Requiring the reporting of venereal diseases and ophthalmia neonatorum by physicians, or, where no physician is in attendance, by others who have knowledge of such cases to state and/or local health departments.

*Corresponding Regulation:* Prescribing form and method of such reporting and various authorities to which reports must be made.

*VI. New-born infants*

*Statute:* Requiring physicians and other authorized persons to apply prophylactic treatment as specified in the regulations, to the eyes of new-born infants to prevent ophthalmia neonatorum, and to report to health officers the performance of this procedure.

*Corresponding Regulation:* Prescribing nature of such treatment and reporting.

## (D)—III

This provision prohibits the advertising of remedies for the cure of venereal diseases.

## (D)—IV

This provision prohibits the sale or disposal of appliances or medicinal preparations used in venereal disease control except in registered pharmacies or as provided in state medical practice acts. The sale of remedies by drug stores and others is prohibited without a prescription.

## (D)—V

These provisions require venereal diseases to be reported by physicians or other qualified persons.

## (D)—VI

Requiring physicians and other authorized persons to apply prophylactic treatment to the eyes of new-born infants for the prevention of blindness.

*VII. Examination and detention of suspects*

*Statute:* Authorizing and directing health officers to examine persons reasonably believed to be infected with a venereal disease, and to detain such persons pending completion of examination and also to ascertain and follow up sources of infection and contacts of infected individuals.

*Corresponding Regulation:* Providing nature and character of such examination; places where examinations may occur; by what medical officers such examinations shall be conducted; for prompt reporting of results of such examinations; and for investigation of alleged sources of infection and contacts.

*VIII. Provision of treatment for the venereally infected*

*Statute:* Authorizing and directing health officers to provide treatment for infected persons when necessary in the public interest.

*Corresponding Regulation:* Prescribing nature, character, extent and places of such treatment.

*IX. Quarantine or isolation of infectees*

*Statute:* (a) Requiring infectious persons to submit to treatment or to quarantine if necessary for the protection of the public health; (b) Authorizing and directing health officers to isolate or quarantine persons infected with a venereal disease whenever such action is in the opinion of the health officer necessary for the protection of the public health.

*Corresponding Regulation:* Prescribing nature, character, extent and place of such treatment, quarantine and isolation.

*X. Infectees in certain occupations*

*Statute:* Authorizing health officers to restrain, when necessary in the public interest, any person with a venereal disease from engaging in any occupation involving intimate contact with other persons, or the public.

*Caution:* If designation of such occupations is regarded, in a state, as a non-delegable legislative function, such designation should be included in the statute itself.

**(D)—VII and VIII**

These provisions empower and direct health officers to examine and detain persons reasonably believed infected with venereal disease and to provide treatment for those found infected.

**(D)—IX**

These provisions empower and direct health officers to quarantine persons infected with venereal disease and also require such persons to submit to treatment or quarantine when necessary for the protection of public health.

**(D)—X**

These provisions give power to health officers to restrain a venereally infected person from engaging in any occupation involving intimate contact with the public.

*Corresponding Regulation:* Prescribing nature, character and extent of such restrictions.

If such designation of occupations is regarded as properly delegable to health officers these may make the designation by regulation.

**XI. Issue of certificate of freedom from venereal diseases**

*Statute:* Prohibiting the issuance of certificates of freedom from venereal diseases by physicians or health officers except in accordance with state laws or the regulations of the state board of health.

*Corresponding Regulation:* None recommended, specifically. Furthermore, the public policy in the United States is categorically opposed to issuing any such certificates for purposes of prostitution.

**(D)—XI**

This provision prohibits the issuance of certificate of freedom from venereal disease, except in accordance with state laws or state department of health regulation.

**XII. Exposure of another to venereal disease by an infectee**

*Statute:* Penalizing any individual for infecting another with, or exposing another to, a venereal disease, with knowledge of, or reasonable grounds to suspect the existence of such disease.

*Corresponding Regulation:* None

**(D)—XII**

This provision penalizes an infected individual for knowingly infecting another with or exposing another to his infection.

**XIII. Public education as to venereal disease**

*Statute:* Authorizing and directing the state and local health authorities to promote public understanding of the venereal diseases and the means for their control and prevention.

*Corresponding Regulation:* Prescribing nature and character of methods of public education aimed to promote such public understanding and means for control and perhaps for providing material therefor.

*Caution:* Care should be taken not to contravene existing state laws regarding social hygiene education. Also not to restrict such activities to health authorities.

Declaring it to be the duty of every physician who examines or treats a person to give or arrange for instruction of such persons for preventing the spread of such diseases and regarding the necessity of treatment until cured.

**(D)—XIII**

These provisions authorize and direct state health authorities to educate the public concerning the venereal diseases and methods for their control.

*XIV. Power to make and amend venereal disease health regulations*

*Statute:* Authorizing and directing the state board of health to promulgate, establish and amend such regulations, rules and/or procedures as it may from time to time deem necessary for carrying out existing or new venereal disease legislation, for the prevention and control of the venereal diseases, and for the discovery, treatment and quarantine of persons infected therewith; and declaring that such rules, regulations and procedures shall have the force of law.

*Corresponding Regulation:* None

(E) *General penal provisions*

*Statute:* Should penalize, as misdemeanors, the violations of any of the above-listed provisions, in either the marriage law; birth registration law; penal, correctional and custodial institutions law; or public health law.

Such penal provisions, in a given state, may seem more properly incorporable into the penal law, with cross reference to the other laws.

*Corresponding Regulation:* None

(F) *Separability Clause*

*Statute:* The various statutes enacted or amended in pursuit of these suggestions should each contain a specific provision to the effect that judicial adjudication, as unconstitutional, of any portion or portions of said acts shall not invalidate the remaining provisions.

*Corresponding Regulations:* None

(G) *Repealer*

*Statute:* Each such statute should also contain a specific provision that all laws or parts of laws in conflict with its provisions be, and hereby are, repealed.

*Corresponding Regulation:* None

(D)—XIV

This provision gives power to the state board of health to make and amend regulations, which shall have the force and effect of law.

(E)

Violations of the laws or regulations of the state department of health are penalized as misdemeanors.

(F)

Declaration by the courts that any provision of this Act is unconstitutional, shall not affect any other provisions.

SOCIAL HYGIENE LEGISLATION CONSIDERED IN 1943 AND 1944  
IN THE STATES, TERRITORIES AND DISTRICT OF COLUMBIA

State	Prenatal Examination Laws	Examination Laws	Examination Laws	Prostitution Laws		VD Control Laws
				1943 — Introduced but not passed.	1943 — Introduced but not passed.	
Alabama	1943 — Introduced but not passed.	1943 — Introduced but not passed.	1943 — Introduced but not passed.	1943 — Adopted improved measures*	1943 — Adopted improved measures	1943—Adopted improved measures*
Arizona	1943 — Introduced but not passed.	1943 — Introduced but not passed.	1943 — Introduced but not passed.	1943 — Adopted improved measures	1943 — Adopted improved measures	1943—Adopted improved measures
Arkansas	1943 — Introduced but not passed.	1943 — Introduced but not passed.	1943 — Adopted adequate law	1943—Adopted improved measures	1943—Adopted improved measures	1943—Adopted improved measures
California	1943 — Amended for smoother operation	1943 — Amendment introduced but not passed	1943—Amendment introduced but not passed	1943—Adopted improved measures	1943—Adopted improved measures	1943—Adopted improved measures
Connecticut	1943 — Amended for smoother operation	1943 — Amended for smoother operation	1943 — Adopted but not passed	1943—Adopted adequate law	1943—Adopted improved law	1943—Adopted improved law
Delaware	1943 — Introduced but not passed.	1943 — Introduced; still under consideration	1943 — Introduced but not passed.	1943 — Adopted but not passed.	1943—Adopted improved law	1943—Adopted improved measures
District of Columbia	1943 — Introduced but not passed.	1943 — Introduced but not passed.	1943 — Adopted but not passed.	1943—Adopted improved law	1943—Adopted improved law	1943—Adopted improved law
Florida	1943 — Introduced but not passed.	1943 — Introduced but not passed.	1943 — Adopted but not passed.	1943—Adopted improved law	1943—Adopted improved law	1943—Adopted improved law
Georgia	1943 — Introduced but not passed.	1943 — Amended for smoother operation	1943 — Adopted but not passed.	1943—Adopted improved law	1943—Adopted improved law	1943—Adopted improved law
Idaho	1943 — Adopted	1943 — Amended for smoother operation	1943 — Adopted but not passed.	1943—Adopted improved law	1943—Adopted improved law	1943—Adopted improved law
Illinois	1943 — Amended for smoother operation	1943 — Amended for smoother operation	1943 — Adopted but not passed.	1943—Adopted improved law	1943—Adopted improved law	1943—Adopted improved law
Indiana	1943 — Amended for smoother operation	1943 — Amended for smoother operation	1943 — Adopted but not passed.	1943—Adopted improved law	1943—Adopted improved law	1943—Adopted improved law
Iowa	1943 — Amended for smoother operation	1943 — Amended for smoother operation	1943 — Adopted but not passed.	1943—Adopted improved law	1943—Adopted improved law	1943—Adopted improved law
Kansas	1943 — Amended for smoother operation	1943 — Amended for smoother operation	1943 — Adopted but not passed.	1943—Adopted improved law	1943—Adopted improved law	1943—Adopted improved law
Kentucky	1943 — Adopted modified law	1943 — Amended for smoother operation	1943 — Adopted but not passed.	1943—Adopted improved law	1943—Adopted improved law	1943—Adopted improved law
Maine	1943 — Amended for smoother operation	1943 — Amended for smoother operation	1943 — Adopted but not passed.	1943—Adopted improved law	1943—Adopted improved law	1943—Adopted improved law
Maryland	1943 — Adopted modified law	1943 — Amended for smoother operation	1943 — Adopted but not passed.	1943—Adopted improved law	1943—Adopted improved law	1943—Adopted improved law
Massachusetts	1943 — Adopted modified law	1943 — Amended for smoother operation	1943 — Adopted but not passed.	1943—Adopted improved law	1943—Adopted improved law	1943—Adopted improved law
Michigan	1943 — Amended not passed.	1944 — Introduced but not passed.	1943 — Adopted but not passed.	1943—Adopted improved law	1943—Adopted improved law	1943—Adopted improved law
Mississippi	1943 — Adopted	1943 — Adopted	1943 — Adopted	1943—Adopted improved law	1943—Adopted improved law	1943—Adopted improved law
Missouri	1943 — Adopted	1943 — Adopted	1943 — Adopted	1943—Adopted improved law	1943—Adopted improved law	1943—Adopted improved law
Nebraska	1943 — Adopted	1943 — Adopted	1943 — Adopted	1943—Adopted improved law	1943—Adopted improved law	1943—Adopted improved law
Nevada	1943 — Adopted	1943 — Adopted	1943 — Adopted	1943—Adopted improved law	1943—Adopted improved law	1943—Adopted improved law

New Mexico	1943 — Introduced but not passed	1943 — Adopted improved measures
New York	1943 — Amendment introduced but not passed	1944 — Introduced but not passed
North Dakota	1943 — Amended for smoother operation	
Ohio	1943 — Amendment introduced but not passed	
Oklahoma	1943 — Adopted adequate law	1943 — Adopted improved measures
Oregon	1943 — Amended for smoother operation	
Pennsylvania	1943 — Introduced but not passed	1943 — Introduced but not passed
South Carolina	1943 — Introduced but not passed	
South Dakota		
Tennessee		
Texas	1943 — Introduced but not passed	1943 — Adopted improved measures
Vermont	1943 — Amended for smoother operation	1943 — Introduced but not passed
Virginia		
Washington	1943 — Introduced but not passed	1943 — Adopted improved measures
West Virginia		
Wisconsin	1943 — Introduced but not passed	1943 — Adopted improved measures
Wyoming Territory of Hawaii	1943 — Adopted	1943 — Adopted
Puerto Rico		
		1944 — Introduced but not passed
		1943 — Adopted improved measures

\* Besides a law requiring the examination for venereal diseases of any person whom the health officer has probable cause to believe is infected, Alabama adopted in 1943 a law requiring all persons between the ages of 14 and 50 living in Alabama to have an approved blood test for syphilis, and appropriated \$75,000 for the administration of the law during the first year.

SOURCE: Reports of Division of Legal and Protective Services, American Social Hygiene Association, dated December 31, 1943 and June 15, 1944, *Status of Premarital, Prenatal, Prostitution, and Venereal Disease Legislation Introduced During the 1943 (and 1944) State Legislative Sessions*.

## EDITORIAL

### IF YOUR STATE NEEDS NEW SOCIAL HYGIENE LAWS . . .

If new social hygiene laws are needed to protect family health and welfare in your state, and to improve community conditions—or if old laws need to be strengthened—you can perform a patriotic duty by joining with other good citizens to see that the next session of your legislature has an opportunity to consider such legislation.

Strong and workable laws, vigorously enforced, against prostitution and the venereal diseases, provide excellent insurance against the moral hazard and the spread of infection. Communities which have backed up their law enforcement and health officials in the observance of such laws have seen this proved over and over again during the war years, as VD rates among nearby servicemen and war workers took a quick and steep drop after "redlight districts" were closed,\* or other sources of infection were cleaned out. States which have set out to protect present-day marriages and future generations from syphilis by laws requiring premarital and prenatal examinations for this disease, are learning that through these laws many infections which might otherwise run their courses undiscovered until too late, are being found and checked. States which considered their legal provisions good for finding and treating infected persons in the general population are realizing that better laws mean better results, in terms of more patients brought under treatment and kept under treatment until cured. There is in fact a new and wide recognition among forward-looking people that these protective and repressive laws are part of the essential framework of our national health structure.

And the benefit to health—national, community and family—is but one of the good effects of these laws. Where well-drawn laws for protection of health and welfare are well observed, other laws are apt to be well observed—which means orderliness and good management. It goes without saying that good laws and law observance show that home, church, school and all other good elements are working with the law enforcement and public health officials in bringing this about—which means that there is unity and cooperation. Then, too, where there is vigorous action to drive out prostitution

\* The Federal Security's Division of Social Protection reports that since 1940 federal and state laws and city ordinances against commercialized prostitution have enabled officials to close up such hotbeds of infection in over 650 communities where wartime conditions had permitted them to spring up.

and to protect the people from VD by cleaning up its sources of spread, the number of new infections is bound to be less, and the cost for medical care proportionately low both to the personal pocket-book, and to the public budget for tax-supported hospitals, clinics and laboratories—which means saving and economy. Most profitable result of all, the existence and observance of good social hygiene laws guarantee strong safeguards thrown around the growing generation of Americans upon whose soundness and integrity national strength and progress depend, in war or in peace.

Looking at the record of recent years, it seems that a majority of state law-makers have become convinced of these facts, and have recognized the extent of the opportunity for public service. The score to date:

Twenty-nine states now have workable laws against prostitution, and some states have laws to help persons who are victimized in their efforts to return to normal and useful lives.

Most states now have serviceable laws for prevention and control of syphilis and gonorrhea.

Thirty states have special laws to protect marriage from syphilis.

Thirty states have special laws to protect mothers and babies from syphilis.

*How does your state stand?*

Study the maps and charts and the history of progress in legislation in this issue of the JOURNAL, and plan to help, if new laws are needed in your state, when your legislature meets.

And remember always, good laws are only the first step. To produce results the laws must be intelligently used and well enforced. Help in your state and community to promote understanding and observance of the social hygiene laws you have and better ones when they are enacted and support your police officials, your courts and judges, and all other officers concerned, with strong, informed public opinion and united effort of every community agency and institution, and of every citizen.

**YOUR PART IN THE LEGISLATIVE CAMPAIGN**

If your state is one in which new social hygiene laws, or amendment of old laws, is needed, begin now to plan for action. Possibly some qualified organized group is already planning to introduce legislation. If so, they will welcome your interest and support. Programs of action which have often been successful in securing sound social hygiene laws have included activities like the following:

1. A social hygiene society, medical society, bar association, parent-teacher association or similar interested group studies the requirements of existing laws and the needs to be met. Sometimes two or three groups will make this a joint project, but responsibility for carrying out the details of the program usually must be delegated to one group or a central joint committee, with all other interested agencies constantly consulted and kept in touch.

2. Special advice is sought from (a) medical and nursing organizations as to the scientific and administrative practicability of the legislation as drawn up; (b) of legislators and Statute Commission, or Legislative Council, if there is one in your state, or the state's Attorney General as to the form which the law must take to meet the desired ends. Drafts of the laws are submitted to the state health department and the social protection and welfare official and voluntary agencies for their advice and approval.

3. Popular support for the legislation is worked up in advance of its introduction. This includes: publicity which will inform the general public, by radio, newspapers and meetings; petitions and letters from constituents to their legislators; resolutions in support of the legislation by the various interested agencies; personal contact with legislators to secure advice and assurance of support in advance.

4. A high level of wide public interest will demonstrate that the citizens really understand the purpose of the legislation and want it passed. To this end the testimony of informed and impartial witnesses is helpful and welcomed by legislative committees working on the new laws; thorough study beforehand enables supporters of the legislation to meet all arguments and to suggest adjustments and changes which the legislators may think necessary, without the law losing force.

Finally, the records of most states show that those who have not succeeded the first time, HAVE TRIED AGAIN! When a legislature has failed to enact suitable laws when first presented, the time before the next session has been used to keep on developing public interest and support, making passage at the next session more likely, and also helping to create public understanding and observance of the laws when they are passed.

#### NATIONAL SOCIAL HYGIENE DAY

Wednesday, February 7, 1945

Write to

Social Hygiene Day Service

AMERICAN SOCIAL HYGIENE ASSOCIATION

1790 Broadway, New York 19, New York

for program and publicity suggestions and other helps  
in preparing your observance

## NATIONAL EVENTS

REBA RAYBURN

*Washington Liaison Office, American Social Hygiene Association*

**National Venereal Disease Committee Meets.**—Two meetings of the new National Venereal Disease Committee have been held in Washington, July 27 and September 29, when conditions and activities to date were reviewed and consideration given to ways of maintaining the present gains against venereal diseases during the postwar demobilization period. The Committee, recently appointed by Federal Security Administrator McNutt "to plan new programs in the fight against venereal diseases and their spread," includes representation from medicine, nursing, public health, the press, education, and church groups, as well as the Army, Navy, U. S. Public Health Service, Federal Security Agency, and the American Social Hygiene Association.

In making plans for the demobilization period, it was pointed out that no man would return to civilian life from the armed forces with a venereal disease infection that has not been cured or rendered non-infectious. Representatives of both Army and Navy, however, emphasize that high VD rates may be expected after the war unless the present program is maintained and strengthened.

In commenting on the upward trend in Army VD rates in continental United States in the last three months, Lt. Col. Thomas H. Sternberg (mc), USA, said that the average rate per 1,000 is now 30 whereas the average rate per 1,000 over the past year was 26. Commander W. H. Schwartz MC-USN, said that the Navy rate for the continental United States also showed a slight increase during the same period. In spite of this trend, both the Army and the Navy reported substantial decreases in days lost because of venereal disease, a fact attributed to the use of penicillin in the treatment of the infections and the resulting reduction in the time required for treatment with the use of this drug.

Factors entering into the rise of VD cases as reported by the armed services include: (1) increased reporting of infections with the advent of penicillin and the short period required for treatment; (2) a shortage of trained VD men in this country after the departure of more trained men for overseas duty; (3) the possibility of laxity induced by over-reliance upon new methods of treatment.

Members of the National Venereal Disease Committee include:

The Rt. Rev. Howard J. Carroll, general secretary, National Catholic Welfare Conference; Dr. Belmont Farley, National Education Association, Washington, D. C.; Dr. T. K. Lawless, dermatologist and consultant, Provident Hospital, Chicago; Mrs. Mabel K. Staupers, executive secretary, National Association of Colored Graduate Nurses; John A. Sengstacke, president, Negro Publishers' Association, managing editor, *Chicago Defender*; Bishop R. R. Wright, Jr., executive director, Fraternal Council of Negro Churches, Wilber-

force, Ohio; Dr. Mordecai Johnson, president, Howard University, Washington, D. C.; Medical Director John R. Heller, Division of Venereal Disease, U. S. Public Health Service; Dr. William F. Snow, American Social Hygiene Association; Rev. Alphonse M. Schwitalla, S.J., St. Louis University School of Medicine; Lt. Col. Thomas H. Sternberg (MC), USA; Commander W. H. Schwartz (MC), USN; Dr. Felix J. Underwood, Mississippi State Board of Health; Ralph McGill, editor, *Atlanta Constitution*; Watson B. Miller, assistant administrator, Federal Security Agency; Rev. Roswell Barnes, associate general secretary, Federal Council of the Churches of Christ in America; Mark A. McCloskey, director, Office of Community War Services; and Eliot Ness, consultant, Social Protection Division.

**Physical Fitness Year Is Planned by Joint Committee.**—A year's campaign for physical fitness, beginning September 1st, has been planned by the Joint Committee on Physical Fitness, representing the American Medical Association and the National Committee on Physical Fitness. A conference in Washington on July 27 and 28 worked out a program, with more than 100 leaders in all the fields concerned taking part. Dr. William F. Snow participated as a Medical Consultant. The September issue of *Hygeia, The Health Magazine* in an editorial *Keep Fit and Like It*, describes the physical fitness status of the country as viewed by the Committee, and outlines the goals adopted at the Conference, as follows:

1. Help each American learn physical fitness needs.
2. Protect against preventable defects.
3. Attend to correctable defects.
4. Know how to live healthfully.
5. Act to acquire physical fitness.
6. Set American standards of physical fitness at high levels.
7. Provide adequate means for physical development.

**American Public Health Association Holds Second Wartime Conference.**—The 73rd Annual Meeting and Second Wartime Conference of the American Public Health Association which convened in New York, October 2 to 5 at the Hotel Pennsylvania, drew a large attendance from all over the country and was of unusual interest and value. The program included as usual scientific section meetings and forums, general and business sessions and meetings of related organizations. Events of special interest were:

**First General Session, October 3, 8:30 P.M.: Presiding:** President Felix J. Underwood, M.D. **Addresses of Welcome:** Mayor Fiorello H. LaGuardia, Commissioner of Health Ernest L. Stebbins, M.D., of New York City, State Commissioner of Health Edward S. Godfrey, Jr., M.D., and Leverett D. Bristol, M.D., Chairman, Health Advisory Committee, U. S. Chamber of Commerce. **Speakers:** Raymond B. Fosdick, LL.D., *Public Health as an International Problem*; John J. Sippy, M.D., APHA President-elect, *Local Responsibility in Public Health Administration*.

**First Special Session, October 4, 9:30 A.M.: Today's Global Frontiers in Public Health.** **Presiding:** Thomas Parran, M.D. **Speakers:** Major General George C. Dunham (MC), for South America; Szemeng Sze, M.D., for China; Melville Mackenzie, M.D., for Great Britain; Dr. Parran and Dr. James A. Crabtree for the United States.

*Public Health Education Section, October 3, 2:30 P.M.: What the Health Officer Expects from the Health Educator and Vice Versa.* Panel Leader: H. O. Swartout, M.D. Participants: W. W. Peter, M.D., W. W. Bauer, M.D., Louisa J. Eskridge, Helen Martikainen, D. A. Dukelow, M.D.

*Public Health Education, October 4, 2:30 P.M.: Health Education Praxis.* Presiding: Charles E. Lyght, M.D. Discussion: Mary B. Connoly, Charles F. Wilinsky, M.D., Capus Waynick, Director, VD Education Institute. Speakers: Harry E. Kleinschmidt, M.D., Savel Zimand, Charles M. Carpenter, M.D.

*Epidemiology Section, October 4, 9:30 A.M.: Including address on Venereal Disease Epidemiology in Wartime,* by John R. Heller, Jr., M.D., head of Venereal Disease Division, U. S. Public Health Service.

*Industrial Hygiene, Public Health Education, and Public Health Nursing Section, October 5, 9:30 A.M.: A Demonstration of Cooperative Effort for Health Education Workers on the Job.* Presiding: Herbert G. Dykter, Mayhew Derryberry and Marion H. Doublas, R.N. Speakers: Jacob H. Landes, M.D., *The Plan of the Fort Greene Industrial Health Committee*; Louis Hollander, *Organized Labor's Cooperation in the Plan*; L. Holland Whitney, M.D., *Management's Cooperation*; Kenneth D. Widdemer, *Community Cooperation*; Charles F. McCarty, M.D., *Organized Medicine's Cooperation*; Philip R. Mather, *Role of the National Voluntary Agency*. Discussion: Leverett D. Bristol, M.D., Victor G. Heiser, M.D., and Mary E. Delehanty, R.N.

*American Social Hygiene Association, October 2, 8:30 P.M.: Industry vs. V.D.—A Program of Education and Action.* (See pages 477-8, October JOURNAL OF SOCIAL HYGIENE.)

APHA Officers for the ensuing year were as elected as follows: President, John J. Sippy, M.D., Stockton, California; President-elect, Milton J. Rosenau, M.D., Chapel Hill, N. C.; Vice-Presidents, Malcolm R. Bow, M.D., Edmonton, Alberta; Carlos E. Paz-Soldan, M.D., Lima, Peru; Marion W. Sheahan, R.N., Albany, N. Y.; Treasurer, Louis I. Dublin, Ph.D., New York; Chairman of the Executive Board, Abel Wolman, Dr.Eng., Baltimore.

**Conference of Social Hygiene Executives in New York.**—Another in the series of conferences of social hygiene executives from all parts of the country occurred October 6 and 7, directly following the meetings of the American Public Health Association. The sessions, which were held at the Town Hall Club, included speakers and discussions as follows:

*Friday, October 6, Morning Session: Social Hygiene Problems of the War and Postwar Period;* George J. Nelbach, Executive Secretary, Committee on Tuberculosis and Public Health, New York State Charities Aid Association, presiding. Speakers included Dr. Walter Clarke, ASHA Executive Director; Bascom Johnson, Director of ASHA Legal and Protective Services; Dr. Harriet S. Cory, Executive Secretary, Missouri Social Hygiene Association; Charles E. Miner, ASHA Field Representative; Dr. Jacob Goldberg, Secretary, Social Hygiene Committee, New York Tuberculosis and Health Association; general discussion followed.

**Luncheon Session:** Dr. William F. Snow, Chairman, ASHA Executive Committee, presiding. Speakers included Commander Walter H. Schwartz (MC), Officer in charge, Venereal Disease Control, Division of Preventive Medicine, Bureau of Medicine and Surgery, U. S. Navy; Lt.-Col. Thomas H. Sternberg (MC), Chief, Venereal Disease Division, Preventive Medicine Service, Office of the Surgeon General, U. S. Army Service Forces; Eliot Ness, Consultant, Social Protection Division, Federal Security Agency; and Medical Director John R. Heller, Jr., Chief, Venereal Disease Division, U. S. Public Health Service.

**Afternoon Session:** Dr. Harriet S. Cory, presiding. Speakers: George Gould, Assistant Director, ASHA Division of Legal and Protective Services, 1945: *A Legislative Year*; Mrs. Meredith Nicholson, Jr., Executive Secretary, Indianapolis Social Hygiene Association, *A Voluntary Social Hygiene Program in Indianapolis*; Kenneth R. Miller, ASHA Field Representative, *Social Hygiene Programs for Tuberculosis and Health Associations*; Dr. Charles F. Marden, ASHA Field Representative, *Participation of Negroes in a Social Hygiene Program*; Miss Alma Jackson, Hartford Tuberculosis and Public Health Society, *A "Health in Action" Program in Hartford*.

**Saturday October 7, Morning Session:** Mrs. Charles D. Center, Executive Secretary, Georgia Social Hygiene Council, presiding. Speakers: Wade T. Searles, ASHA Field Representative, *The Organization of the Ohio State Social Hygiene Council*; Frances R. Hecht, Massachusetts Society for Social Hygiene, *The Social Hygiene Program in Massachusetts*; Lawrence Arnstein, Executive Secretary, California Social Hygiene Association, *California Unions Cooperate in the Social Hygiene Program*; Percy Shostac, ASHA Consultant on Industrial Cooperation, led discussion on this topic; Dr. Adolph Weinzirl, Director, Division of Social Hygiene Education, University of Oregon Medical School, *Social Hygiene Education in Oregon*; Professor Maurice A. Bigelow, Educational Consultant and Chairman, ASHA Committee on Education, led the discussion on social hygiene education; Dr. William F. Snow gave the *Conference Summary*.

Robert W. Osborn, Assistant Executive Secretary, Committee on Tuberculosis and Public Health, New York State Charities Aid Association, expresses the spirit and gist of the Conference in some notes prepared for SCAA local committee executives.

#### "IN TIME OF WAR PREPARE FOR PEACE . . ."

"When in danger of losing hard-won ground, press the attack more vigorously and resourcefully than before; in other words, apply the time-honored axiom in fighting circles, 'an attack is the best defense.'

"This was the common tie of discussion at a 'family gathering' of the American Social Hygiene Association in New York City, October 6-7, 1944. This was the annual occasion when the ASHA invites state and local social hygiene executives throughout the country to meet with the headquarters and field staff to review progress and next steps in venereal disease control. With the end of World War II in the foreseeable future, haunting the discussion were ghosts of 1919-1921, when the bottom fell out of World War I VD controls with a thud that rivaled the stock market crash of 1929.

"So, from the Conference 'invocation' by Dr. Walter Clarke to the closing 'benediction' by Dr. William F. Snow, the emphasis was on 'Don't let it happen here again,' and that is where the attack-is-the-best-defense angle applies to the campaign. It was pointed out that now is obviously the time to consolidate the strongest and most accepted features of public interest in and support of venereal disease control measures and to project them into the post-war period. 'In time of war prepare for peace,' was a warning sounded by Bascom Johnson.

"These conferences always have been most stimulating and worthwhile, this one especially so, not entirely because of what was said, but because of who said it, since the opportunity was given to meet intimately with interesting personalities, who are engaged officially and non-officially in the VD control field from various sections of the nation. Following are but brief notes taken on the proceedings.

"**DR. WALTER CLARKE:** Advances in chemotherapy are particularly promising. Successful treatment of gonorrhea with penicillin is possible in one day through the use of 20,000 Oxford units injected intramuscularly, 6 doses at intervals of 3 hours. Syphilis treatment requires about 8 days with the injection of 20,000 units at 3-hour intervals. No toxic effects observed. The spirochete is eliminated in about 12 hours, and lesions heal quickly. Treatment so new

that final outcome is not yet known. Best results are obtained with early cases although there are hopeful results in treatment of late cases, too.

"Thus, public education is needed more than ever as VD treatment facilities improve. Improved case finding and tracing of contacts (just as in TB) must be sought. The public must be told of treatment procedures so as to establish a strong base of public interest and support to hold our gains. We are greatly dependent on Federal financial assistance in the program and we must be alert for any curtailment that would wreck present control machinery. Increased State and local efforts to stabilize the program through local tax funds would be a safeguard against a loss in Federal aid.

"BASCOM JOHNSON: Since there has been a marked gain during wartime in law enforcement against prostitution, continued application in peacetime is needed to prevent a return of commercialized prostitution. Why has the public supported the program? Why have Congress and the Army and the Navy done so? It has been under the compulsion of war, so it is essential that 'in time of war we should prepare for peace,' as applied to VD control methods. Any failure of doctors to report cases would contribute to a relapse in effort. We have been fighting prostitution mainly as a public health menace. It has not been sufficiently sold to the public as an anti-social condition to insure peacetime barriers against the evil.

"The pressure of the Army and the Navy now is very important in law enforcement. Will this influence continue after the war?

"The Federal May Act expires in 1945. Will it be renewed? It should be because it places Congress on record against commercialized prostitution and constitutes a positive threat against the underworld.

"COMMANDER WALTER H. SCHWARTZ, U. S. Navy: The Navy VD rate, after the all-time lows of 1942-3, has in recent months advanced steadily in the continental United States, in all but the Third District. There has been a decrease overseas except in Honolulu. Right now we are lagging behind Great Britain in a public education advertising campaign.

"LIEUT. COL. THOMAS H. STERNBERG, U. S. Army: An important favorable index in Army control of VD has been the steady downward decline of days lost because of VD. While VD infection rates remain about the same, improvement in days lost through earlier reporting and treatment has greatly diminished the problem. The President has signed an amendment to the Articles of War doing away with penalties for servicemen found to have venereal disease, except that the infected man must report for treatment. There can be no post-war claim on the Government for disabilities if he fails so to report. Some of our problems: (1) our best medical personnel for the control of VD are now overseas; (2) the advances in treatment probably will make the prevention of exposure more difficult, by lessening fear of consequences; and (3) loss of interest by civilians and law enforcement must be guarded against.

"The following are important points in the separation of men from Army service: (1) routine blood tests will be taken before discharge; and (2) all infected cases will be retained for treatment. Syphilis cases will be identified to health officers.

"We must face the fact that with demobilization, Army and Navy influence will be diminished. Then law enforcement will not be easily obtained. Keep up the good work. Build a strong foundation for post-war control.

"ELIOT NESS: The speaker lived up to the good notices on his speaking and personality. He praised the ASHA as a voluntary agency which has official force in dealing with VD problems. The enlistment of police cooperation in stamping out commercialized prostitution was cited. These officials, he said, are now appreciative of the moral aspects as well as the public health aspects of repression. The undercover surveys were praised. Improved public administration should be our goal. That is the way to get sustained results.

"DR. JOHN R. HELLER, JR., USPHS: Results to date have been excellent in VD control, but a somber note is injected when we consider what may happen to our efforts after the war. Case holding, under chemotherapy, is no longer a serious problem, but case finding early, just as in tuberculosis, should be the main concern. Sexual promiscuity must be educated against and every effort made to enhance character building.

"Experiments are being conducted in the variables of time and dose of penicillin treatment. Some conjectures on amount of treatment needed to substantially eradicate syphilis follow: Two years ago it was estimated there were 200,000 cases of syphilis of which probably not more than 25 per cent completed treatment. It is probable that there are 230,000 cases reported annually of which about 60 per cent are being treated. To keep abreast of new cases and to clear up the reservoir of old cases, 85 to 90 per cent must be treated to eradicate the disease."

Mr. Osborn also refers to the October 2 meeting sponsored by the ASHA as an associate group of the APHA on *Industry vs. VD*, (see *Notes on Industrial Cooperation*, October JOURNAL and pp. 511-513, this issue) as "a running start in a new nation-wide effort to enlist the aid of industry and labor in VD control," and says:

During the discussion on Friday and Saturday numerous references were made to cooperation being given by management and employees organizations, and special mention was made of recommended procedures which will be found neatly packaged in the new ASHA Manuals by Percy Shostac, ASHA Consultant on Industrial Cooperation, *Industry vs. VD*, and *The Trade Unions vs. VD*. This is "big league" stuff.

Concluding, Mr. Osborn emphasizes the principles which must motivate the social hygiene program, if progress is to continue in the postwar world:

"In his Conference Summary, Dr. Snow made a plea for the moral, ethical, and philosophical aspects of social hygiene education, enlisting family, church, school and community forces in the effort. Our greatest period of opportunity is before us, he said, with no place for the timid soul. He concluded: 'Action, not reaction, should be our common goal. We have successfully met and overcome so many real and imaginary situations in this work that we can confidently face the future without fear of losing ground. Let's keep on trying also to enlist youth more actively in the organization, administration and promotion of our program.' "

Eleanor Shenehon, Director of ASHA Community Service, assisted by other staff members, arranged and conducted the Conference. Among those attending were:

**California:** California Social Hygiene Association, San Francisco, Lawrence Arnstein, Executive Secretary.

**Connecticut:** Hartford Tuberculosis and Public Health Society, Hartford, Dr. Muriel F. Bliss, Executive Secretary; and Alma Jackson.

**District of Columbia:** Social Hygiene Society of the District of Columbia, Mrs. Grace Lando, Educational Assistant.

**Georgia:** Georgia Social Hygiene Council, Atlanta, Mrs. Charles D. Center, Executive Secretary.

**Indiana:** Indianapolis Social Hygiene Association, Mrs. Meredith Nicholson, Jr., Director.

**Massachusetts:** Massachusetts Society for Social Hygiene, Boston, Frances Hecht, Assistant Executive Secretary.

Cambridge Tuberculosis and Health Association, Mabel M. Brown, Executive Secretary.

Hampden County Tuberculosis and Health Association, Paul G. Macurda, Executive Secretary.

Harvard Medical School, Cambridge, Dean and Mrs. Edward G. Huber.

**Missouri Social Hygiene Association,** St. Louis, Dr. Harriet S. Cory, Executive Director.

**Nebraska:** State Department of Health, Omaha, Don Warner, State Director of Education.

Lincoln Department of Health, Division of Venereal Disease Control, Mrs. Florence Walt, Assistant Educational Director.

Community Welfare Council, Omaha, Margaret Porter and Josephine J. Albrecht.

**New Jersey Tuberculosis League,** Newark, Ernest D. Easton, Executive Secretary. Middlesex County Tuberculosis and Health League, New Brunswick, Marie Klause, Executive Secretary; Rose Golosoff, Health Education Worker.

**New York:** State Committee on Tuberculosis and Public Health, New York City, George J. Nelbach, Executive Secretary; Mrs. Margaret Anderson, Secretary, Heart Division; Robert W. Osborn, Assistant Executive Secretary; Hazel A. Hart; Helen E. Watkins.

Broome County Tuberculosis and Public Health Association, Binghamton, Dorothy Denniston, Executive Secretary.

Buffalo and Erie County Tuberculosis Association, Buffalo, Janet A. Scott, Secretary.

Columbia County Tuberculosis Eradication Association, Hudson, Mrs. Neale Parsons, Executive Secretary.

Delaware County Tuberculosis and Public Health Association, Walton, Mrs. Margaret Watson, Executive Secretary.

Dutchess County Health Association, Poughkeepsie, Mrs. Cynthia Sweet, Executive Secretary.

Fulton County Tuberculosis and Public Health Association, Johnstown, Mrs. Iva W. Holmes, Executive Secretary.

Montgomery County Tuberculosis and Health Association, Amsterdam, Helen C. Brennan, Executive Secretary.

Newburgh Public Health and Tuberculosis Association, Margo Mason, Executive Secretary.

New York Tuberculosis and Health Association, New York City, Social Hygiene Committee, Dr. Jacob A. Goldberg, Secretary; Charlotte Smith, Assistant.

New York Bureau of Marriage Counsel and Education, Dr. Valeria H. Parker, Director.

Niagara County Tuberculosis and Health Association, Niagara Falls, Carl O. Lathrop, Executive Secretary.

Orange County Health Association, Middletown, Grace D. Cole, Executive Secretary.

Oneonta County Tuberculosis and Public Health Association, Mary M. Jones, Acting Executive Secretary.

Rochester and Monroe County Tuberculosis and Health Association, Rochester, Marie Goulett, Executive Secretary.

Rockland County Tuberculosis and Health Committee, New City, Eleanor V. Green, Executive Secretary.

Yonkers Tuberculosis and Health Association, Mrs. Marie F. Kirwan, Executive Secretary.

Wayne County Tuberculosis and Public Health Association, Newark, Louise G. Campbell, Field Demonstrator.

Neighborhood Health Development, Inc., New York City, Mrs. Laura Chase Farley; Kenneth Widdemer, Secretary; Mrs. Ora G. Weir, Field Supervisor.

**North Carolina:** Venereal Disease Education Institute, Raleigh, Capus Waynick, Director.

**Ohio:** Bureau of Health Education, Division of Health, Department of Public Health and Welfare, Cleveland, Mrs. Bertha Ashby Hess, Chief.

The Dayton Social Hygiene Association, Mrs. Florence J. Sands, Executive Secretary.

Toledo Social Hygiene Association, Arthur R. Siebens, President.

**Oregon:** Medical School, University of Oregon, Portland, Mrs. George Moorhead, Field Secretary; Division of Social Hygiene Education, Dr. Adolph Weinzirl, Director.

**Pennsylvania:** Public Charities Association of Pennsylvania, Mental Hygiene and Public Health Division, Philadelphia, Dr. Arthur H. Estabrook, Secretary; Clyde E. Arbegast, Health Education Secretary.  
Visiting Nurse Association, Reading, Mrs. Anna Barlow, Director.

**Utah:** Salt Lake City, L. C. Romney, Commissioner of Public Safety.

**Officers and staff of American Social Hygiene Association:** Mrs. T. Grafton Abbott, Educational Consultant; Professor Maurice A. Bigelow, Educational Consultant; Bailey B. Burritt, Secretary and member of the Board of Directors; Blake Cabot, Director, Division of Public Information Service; Cynthia F. Chasan, Assistant in charge of Publications, Division of Public Information Service; Dr. Walter Clarke, Executive Director; David Cohn, Assistant, Division of Public Information Service; Mrs. Miriam E. Doll, Administrative Assistant; Mrs. Edna M. Fox, Field Representative (and her husband, Brigadier General Leon A. Fox, Field Director, American Typhus Commission); George Gould, Associate Director, Division of Legal and Protective Services; John Hall, Field Representative; May Hansen, Financial Assistant; Bascom Johnson, Director, Division of Legal and Protective Services; Paul Kinsie, Associate Director, Division of Legal and Protective Services; Dr. Charles F. Marden, Field Representative; Kenneth R. Miller, Field Representative; Charles E. Miner, Field Representative; Mrs. Betty A. Murch, Assistant to the Executive Director; Reba Rayburn, Assistant, Washington Liaison Office and Assistant Editor, *JOURNAL OF SOCIAL HYGIENE*; Wade T. Scarles, Field Representative; Percy Shostac, Consultant on Industrial Cooperation; Dr. William F. Snow, and Mrs. Snow; Rebecca Stiller, Assistant in Charge of Films and Exhibits, Division of Public Information Service; Mrs. Robert N. Tuller, Assistant Director, Division of Community Service.

**ASHA Staff News.**—Following the Executives' Conference, on October 9 and 10 field representatives and general staff of the ASHA gathered for their semi-annual conference at national headquarters, 1790 Broadway, New York. Each field representative briefly reviewed activities in his particular area, while heads of divisions and directors of special projects at headquarters made brief reports, followed by discussion. Special attention was given to the question of holding ground gained so far and making further progress during the postwar period.

Following the conference on October 11, field representatives started out to take up their assignments.

Bascom Johnson, Director of Legal and Protective Services, returned to take charge of the Dallas Office, where Mrs. Gertrude R. Luce had preceded him on September 15th as Office Secretary. Miss Jean B. Pinney returned to Washington, D. C., to continue service as Director in Charge of the Washington Liaison Office and Editor of the *JOURNAL OF SOCIAL HYGIENE*, with Miss Reba Rayburn as Office Secretary and Assistant Editor. Charles E. Miner is again in charge of the Atlanta Office, with Mrs. Edna W. Fox, who was on leave during the summer months, acting as field representative in North and South

**Carolina.** George Gould, Assistant Director, Division of Legal and Protective Services, left for Omaha to take over the ASHA Field Office there. Mr. Gould also acts at present as Field Representative for the states served by the Salt Lake City Office.

Among new assignments are:

Kenneth R. Miller, formerly in charge of the Baltimore Office, left on October 18th for San Juan, Puerto Rico, for a stay of several months. Aside from continuing the cooperation begun by Dr. Snow and Miss Pinney last spring with the Puerto Rico Committee on Social Protection and the St. Thomas (V.I.) Committee on Social Protection, Mr. Miller expects to be available for service as possible to other countries in the Caribbean Area.

John Hall, who joined the staff last Spring, and covered the Dallas Office during the summer months, is assuming Mr. Miller's former assignment, with headquarters at 22 Light St., Baltimore.

Another comparatively new staff member, Dr. Charles F. Marden, on special assignment as a field representative, is spending several weeks in Texas, Arkansas, Oklahoma and other states in that part of the country.

Dr. Warren H. Southworth, in charge of the Chicago office for some months, resigned October 1 to become a member of the faculty of the University of Wisconsin. Wade T. Searles, who has headquarters in Columbus, Ohio, for the area covered by the Army Fifth Service Command, has assumed responsibility for the Chicago office also.

Mrs. T. Grafton Abbott, formerly educational consultant, who resigned during the summer to become Mrs. James W. Sever of Boston, attended the Executives' Conference.

## EVENTS—CURRENT AND COMING

**December 2** **Pan American Health Day.** Celebrated throughout the American Republics by meetings and other observances. In Washington, D. C., the Pan American Sanitary Bureau was host to a public meeting, in the Hall of the Americas, Pan American Union, with Mrs. Franklin D. Roosevelt, Surgeon General Thomas Parran, FSA Administrator Paul V. McNutt and others as speakers.

**January 26** **Public Health Nursing Day.** *Know Your Public Health Nurse.* Auspices of National Organization for Public Health Nursing, Inc., 1790 Broadway, New York 19, N. Y.

**February 7** **National Social Hygiene Day.** ASHA Annual Meeting in Chicago with regional and community meetings throughout the nation, including Alaska, Hawaii, Puerto Rico and the Virgin Islands. Canada will also observe the Day, both nationally and in the Provinces.

## NEWS FROM THE 48 FRONTS

ELEANOR SHENEHON

*Director Community Service, American Social Hygiene Association*

**Connecticut: State Teachers Association Convention Includes Social Hygiene Speaker on Program.**—On October 27, 1944, at the request of the program committee, Dr. Mabel Grier Lesher, Instructor on Methods and Materials of Social Hygiene Education, Rutgers University, and Chairman of the Advisory Committee on Social Hygiene Education of the New Jersey Department of Public Instruction, addressed the Biology Section of the Annual Convention of the Connecticut State Teachers Association on the topic *The Role of the Educator in the Field of Social Hygiene*. The meeting was held in the New Haven High School.

Other speakers included Dr. Grace Mooney, State Medical Association, who spoke on the *Problems in Public Health*, and Hon. Fred Faulkner of the Connecticut Juvenile Court, on the topic *Rehabilitation of the Adolescent*.

Although human biology is included in the courses for both boys and girls in the New Haven High School, in other districts represented according to the teachers present little is being done in this field. Definite recognition of the need for undertaking effort in this direction was acknowledged and a real desire for training in teaching methods and organization at the secondary school level was manifest. Also there was vocal expression that the topic be presented to the entire State Teachers' Association at some future date.

**Idaho: State Home Economics Association Contributes to Better Home Life in Wartime.**—In the *Journal of Home Economics* for June, 1944, Miss Lucille Magruder, President of the Idaho Home Economics Association and a member of the faculty of the University of Idaho, and Mrs. Julia M. Harrison, Chairman of the Idaho Home Economics Association's Committee on Family Life Education and Consultant in Family Life Education for the State Board of Vocational Education, report an important recent project.

With the objective of promoting good home life in wartime, a two or three day family life education institute was held in each of the four cities of Moscow, Idaho Falls, Pocatello and Boise. The IHEA helped to secure leadership for the Institutes, to formulate plans, and offered some financial assistance. The local committees decided upon specific objectives, made final selection of leaders and planned the programs.

Programs were built around the theme *Youth, Recreation and Family Living* in Moscow, Idaho Falls and Boise, while Pocatello, confronted especially with problems of an influx of military personnel

and industrial workers, called its program *Youth in Crisis*. Sponsorship was shared among the Idaho Association and local, civic, religious, health, welfare, youth, fraternal and educational groups.

It is believed that through these Institutes communities have become more aware of the importance of family and community life, that parent education has been extended and that many home-making teachers of Idaho will incorporate more on family and social relations into their programs.

Out-of-state leaders for the Institutes were: Mrs. Buena M. Maris, formerly with the Extension Service, now dean of women of Oregon State College, but on leave to supervise women's activities for an industrial plant in Washington; Ferdinand A. Bahr, field recreation representative for the Federal Security Agency, Office of Community War Services, Salt Lake City; Howard Feast, regional social protection representative for the Federal Security Agency Office of Community War Services, Denver; and Dr. Elmer G. Peterson, president of the Utah State Agricultural College.

**Ohio: Cleveland Holds VD Institute and Physicians' Refresher Course.**—With the slogans *U. S. Needs Us Strong* and *Man Health Is Man Power*, a double program for physicians and community leaders was held during the month of October in Cleveland. Sponsoring agencies were the Joint Social Hygiene Committee of the Academy of Medicine and Cleveland Health Council, the Social Protection Committee of the Cleveland Welfare Federation and the Division of Health, Cleveland Department of Public Health and Welfare.

The Physicians' Refresher Course was given at two afternoon sessions on October 4th and October 11th at the Cleveland City Hospital and the Lakeside Hospital. Speakers included Dr. Roger Herring, Dr. C. G. LaRocco, Dr. H. V. Lund, Dr. J. E. Rauschkolb, Dr. P. S. Pelouze. The Committee in charge of the Refresher Course was made up of Dr. Fred W. Dixon, Chairman, Health Education Committee, Academy of Medicine; Dr. Robert N. Hoyt, Secretary, the Joint Social Hygiene Committee; Dr. Roy L. Kile, Surgeon (R) U.S.P.H.S., Venereal Disease Control Officer, Cleveland Division of Health.

The two-day Venereal Disease Institute program ran from the morning of October 30th through the afternoon of October 31st. Sessions were held on the subjects of *Venereal Diseases and Their Significance*, *Law Enforcement*, *Medical and Information Services*, *Information Channels*, *Availability of Welfare Services* and *The Venereal Disease Control Program*. The program closed with a panel discussion on *How the Church Can Strengthen the Program* with Dean Leonard Mayo, leader.

The Executive Committee for the Institute included Mrs. Stanlee T. Bates, Chairman, Social Protection Committee of the Welfare Federation and the Civilian Defense Council; Miss Ruby I. McCallum, Secretary, Social Protection Committee of the Welfare Federation and the Civilian Defense Council; John M. Ragland, Promotion, Specialist in Social Protection, Federal Security Agency, Washington, D. C.; Clayborne George, Chairman, Health Committee, Central Areas Council; Dr. Robert N. Hoyt, Secretary, Joint Social Hygiene Committee of the Academy of Medicine and the Cleveland Health Council, Venereal Disease Coordinator, Cleveland Division of Health; Dr. Roy L. Kile, Surgeon (R) U.S.P.H.S., Venereal Disease Control Officer, Cleveland Division of Health; Dr. C. G. LaRocco, Chairman, Joint Social Hygiene Committee of the Academy of Medicine and the Cleveland Health Council, Senior Instructor in Dermatology, School of Medicine, Western Reserve University; Dr. J. E. Wallace, President, Cleveland Medical Association; John F. Williams, Regional Social Protection Representative, Region 5.

**Pennsylvania: Annual Institute on Marriage and Home Adjustment at State College.**—The School of Education of the Pennsylvania State College, with the cooperation of the Division of Sociology of the School of Liberal Arts and the Division of Health Education of the Pennsylvania State Department of Health, held a three day Institute at the State College on October 23rd, 24th and 25th.

The Conference theme this year was *War Marriage and Its Problems*, the program being divided into three parts: *Preparing for Marriage*, *Counseling Married Couples* and *Preserving the Family*. Some forty Institute leaders included outstanding experts in various phases of marriage, whose task it was to analyze problems of war and post war marriage to consider some of the steps that may help solve them.

The Planning Committee in charge of the Conference comprised Clifford R. Adams, Chairman, Miss Laura W. Drummond, Bruce V. Moore and George E. Simpson. The Institute Proceedings will be published subsequently.

**South Carolina: State Conference of Social Work Appoints Social Hygiene Committee and Holds Meeting.**—Miss Adele J. Minahan, Secretary of the South Carolina Conference of Social Work, announces that a Social Hygiene Committee has been appointed by the Conference to correlate and consolidate the lively interest in social hygiene problems that already exists in a number of cities in the state.

The new Committee held an important session in Columbia on October 26 in connection with the annual meeting of the Conference, which was held October 25-27 as a "war conference to discuss how social work can make its greatest contribution toward winning the war and establishing a just and lasting peace."

Mr. Alan Johnstone, General Counsel of the Federal Works Agency, Washington, D. C., and a member of the ASHA Board of Directors, was the keynote speaker at the opening Conference session on October 25th in the hall of the House of Representatives, State House. He spoke on the subject, "Four Decades in South Carolina." Miss Eleanor Shenehon, Director ASHA Division of Community Service, spoke at the luncheon meeting, October 26th, on the subject *Social Hygiene in Wartime—And After*. Miss Shenehon also participated in a panel discussion on community organization.

Members of the new Committee are: Mr. W. H. McElveen, State Board of Health, Chairman; Mrs. Rosamond Wimberly, Converse College, Spartanburg; Dr. John W. Moore, Superintendent of City Schools, Florence; Mr. Harold Reeves, Field Representative, Social Protection Bureau for South Carolina, Charleston, and Dr. A. L. Geisenheimer, President of the Council of Social Agencies, Charleston.

## NOTES ON INDUSTRIAL COOPERATION

PERCY SHOSTAC

*Consultant on Industrial Cooperation, American Social Hygiene Association*

### INDUSTRIAL PROGRAM MOVES FORWARD

As described in the October issue of the JOURNAL, the ASHA's new program in industry was inaugurated in New York at the meeting, "Industry vs. VD," held on October 2 in connection with the Annual Conference of the American Public Health Association.

As indicated last month, this national effort to enlist workers in the struggle against the venereal diseases and the conditions favoring their spread is based on the use of our two new manuals, *Industry vs. VD*, outlining a program under management auspices, and *The Trade Unions vs. VD*, for programs initiated through union channels. Since our staff is limited and wartime travel difficult, preventing visits to the thousands of firms and organizations whose aid is being sought, the manuals were prepared to serve so far as possible in lieu of personal contact. They are compact working kits giving detailed organizational directions and including samples of material for programs in firms or trade union bodies.

While mail-order promotion without adequate follow-up is often a wasteful procedure, obviously the first step in reaching 30 million workers must be the distribution of printed matter to the top leadership of the firms and unions whose aid must be enlisted for action. A fundamental characteristic of the industrial population is that every individual worker is a part of a functioning group—his firm or his union. As R. E. Gillmor, president of Sperry Gyroscope Company, so well said at the October 2 meeting, "Industries . . . are the only social group where the dissemination of information can be direct, where the participation of the group itself can be enlisted and where medical services for diagnosis and proper advice can be given."

During the month of October, the principal emphasis has been on distribution of the manuals. JOURNAL readers may like to know the disposition of the major portion of the ten thousand manuals which made up the first printing, as shown below:

To	MANUALS DISTRIBUTED			Remarks
	Industry Manual	Trade Union Manual		
Health Advisory Council, Chamber of Commerce of the United States.	2000			Sent to local chambers with instructions to interest local industries.
Individual firms, unions, educators, health officers.	150	50		Most of these requests received through notice in invitation-announcement to October 2 meeting.

To	<i>Industry Manual</i>	<i>Trade Union Manual</i>	Remarks
International unions, state and city bodies and labor press editors of American Federation of Labor, Committee on Industrial Organizations and railroad brotherhoods.			1500 Mailed with request that local unions be interested.
National Conventions of CIO and AFL, November 20, 1944.		500	To be distributed from ASHA exhibits at both conventions.
Labor League for Human Rights (AFL National War Relief Committee).		40	Program and manuals to be promoted among local unions by field staff.
CIO National War Relief Committee.		35	Program and manuals to be promoted among local unions by field staff.
Mine, Mill & Smelter Workers Union.		550	For local unions.
Textile Workers Union of America, CIO.		100	Sent by national office to list of selected locals.
Connecticut State Health Department in cooperation with Committee on Social Protection, Connecticut War Council.	500	1100	Industry manual sent to selected firms in state; trade union manual to be distributed to delegates at CIO and AFL state conventions.
Texas Department of Health..	18	18	
State Health Department of New Jersey.	50	50	To be distributed and followed up by educator of VD Control Bureau. Request for several hundred more anticipated.
Arkansas State Health Department.	600		Purchased by State Department of Health.
United States Public Health Service National Postwar VD Control Conference, St. Louis, November 9-11.	200	200	Distributed to health officers and other conferees.
State and important local health officers and VD division heads.	150	150	To be sent, it is hoped, under joint sponsorship of ASHA and VD and Industrial Hygiene Divisions of USPHS.
Affiliated Social Hygiene Societies.	170	170	Sample copies sent to executive secretaries with request to promote program in firms and unions. Heavy requests for additional copies anticipated.
ASHA Field Staff.	100	100	Staff to promote programs in firms and unions and cooperate with Social Hygiene Societies and other groups.
October 2 Meeting (Held in connection with APHA Conference).	150	150	Manuals distributed at this meeting account for many requests for material.
TOTAL . . . . .	4,088	4,713	

## FOLLOW-UP

The listings above disclose the principal sources for the personal follow-up so often necessary to initiate actual programs. Indications already show that the promotion and "selling" job at local levels will be undertaken by the field staffs of the AFL and CIO War Relief Committees and by individual union leaders, by state and city health officers, and by the ASHA field staff and our affiliated Social Hygiene Societies.

Both the union relief organizations seem determined that organized labor should take a vigorous stand in the campaign and promise to carry the program into trade union locals. The Mine Mill and Smelter Workers and the Textile Workers Union of America are the first internationals to use large quantities of the manual and to urge participation on the part of their locals. Further progress should result from the ASHA exhibits officially scheduled at the AFL and CIO national conventions this month.

The response already received from the New Jersey, Connecticut, Arkansas and Texas state health departments, which it is hoped will include follow-up by health educators, is given further encouragement by the attitude of the United States Public Health Service. Late in October, in Washington, Dr. Clarke met with Dr. J. R. Heller, Jr., Medical Director, Chief, Venereal Disease Division and Dr. James P. Townsend, Medical Director, United States Public Health Service, National Institute of Health. As a result of this conference it seems likely that both Dr. Townsend's and Dr. Heller's divisions will sponsor the two manuals and will further their distribution through state and local channels.

Our own field staff and our affiliated social hygiene societies must assume the heaviest responsibility if the program is to develop the deep and spreading roots needed. It is they who must catalyze interest and spur groups into action; they must "sell" the program to firms and trade unions in their territories, enlist the participation of local chambers of commerce, and keep interest growing among state and local health officials.

If we may forecast the harvest from straws already in the wind there should be further progress to report in the December JOURNAL.

**PUBLICATIONS RECEIVED  
IN THE PERIODICALS**

**Of General Interest**

BULLETIN OF THE MASSACHUSETTS SOCIETY FOR SOCIAL HYGIENE, October, 1944.  
*Current Adventures in Social Hygiene*, Ray H. Everett.

—October, 1944. *Annual Review*, George Gilbert Smith, M.D.

**Marriage and Family Relations**

BULLETIN OF THE MASSACHUSETTS SOCIETY FOR SOCIAL HYGIENE, October, 1944.  
*Straight Talk on Sex Education*, Lester A. Kirkendall.

THE CATHOLIC FAMILY MONTHLY, June, 1944. *The Family and the Home*.

—June, 1944. *The Family, The State and the Church*.

—June, 1944. *How the Parish Can Prepare Youth for Marriage*, Eileen M. Schmid.

—June, 1944. *Marriage and Family Briefs*, Mary L. Gorman.

JOURNAL OF HOME ECONOMICS, June, 1944. *Education for Living*, Ruth Bonde.

—June, 1944. *Family Life Education in Idaho*, Lucille Magruder and Julia M. Harrison.

—October, 1944. *A Factor in the Sex Education of Children*, G. E. Gardner.

MARRIAGE AND FAMILY LIVING, May, 1944. *Growing Edges in Family Life Education*, E. M. Duvall.

—May, 1944. *Medical Aspects of War Time Marriages*, N. R. Kavinoky, M.D.

—August, 1944. *Panel Discussions: Education for Family Life in the Community, Family Life Education for High School Students, Family Counselling, Guidance Today, Home-School Cooperation, Religion and the Family*.

—August, 1944. *Postwar Problems of the Family*, Ernest W. Burgess.

—August, 1944. *War and the Family*, C. G. MacKenzie.

NEW ADVANCE (Toronto, Canada), October, 1944. *Does High School Education Prepare You for Marriage?*, Joseph Lichstein.

VENEREAL DISEASE INFORMATION (Washington, D. C.), July, 1944. *Some General Considerations Affecting Present-Day Sex and Sex Education Problems*, J. H. Stokes, M.D.

**Health Education**

AMERICAN JOURNAL OF PUBLIC HEALTH, June, 1944. *Block Organization for Health Education*, H. Y. McClusky, Ph.D.

—October, 1944. *Early Days of the Public Health Education Section*, H. E. Kleinschmidt, M.D.

BOOKLIST (Chicago), May 15, 1944. *Health Books for Public Libraries, 1943*.

CANADIAN JOURNAL OF PUBLIC HEALTH (Toronto), May, 1944. *Venereal-disease Education in High School*, H. C. Rhodes and P. M. C. Capelle.

CHANNELS, NATIONAL PUBLICITY COUNCIL (NYC), July-August, 1944. *History of a Health Column*, Ruth Neely.

—July-August, 1944. *Two-way Trade with the Library*, O. M. Peterson and W. E. Thompson.

THE CLINIC BULLETIN (San Francisco), August, 1944. *Syphilis-Gonorrhea*.

—September, 1944. *Why the Spinal Test?*

FLORIDA HEALTH NOTES, Negro Health Education Number, June, 1944.

HEALTH (Toronto, Canada), Summer, 1944. *Manitoba Battles VD*, James McLenaghan.

HEALTH BULLETIN, North Carolina State Board of Health, September, 1944. *The Teachers Dilemma in the Health Education Program*, W. J. Hughes, M.D., and L. R. Swift, M.D.

HEALTH EDUCATION JOURNAL (London), July, 1944. *Film Notes*.

—July, 1944. *Health Education in Scotland*, Rt. Hon. Thomas Johnston, M.P.

—July, 1944. *Health Education Through School Biology*, Hugh P. Ramage, M.A.

- July, 1944. *Public Opinion and Venereal Diseases*, I. E. McCracken, M.D., D.P.H.
- October, 1944. *Fresh Air on Venereal Disease*, Rev. George Kendall, O.B.E., C.F. (Retd.).
- October, 1944. *Marriage Guidance*, David R. Mace, M.A.
- JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, July 22, 1944. *Physical Fitness: Its Evaluation and Significance*, J. R. Gallagher, M.D., and Lucien Brouha, M.D.
- July 22, 1944. *Physical Fitness Program*, C. A. Wilzbach, M.D.
- JOURNAL OF HEALTH AND PHYSICAL EDUCATION, October, 1944. *Health Education in Rural Schools*, Nina B. Lamkin.
- PUBLIC HEALTH NURSING, July, 1944. *Recent Developments in Treatment of Syphilis in Relation to Patient Education: I. The General Perspective*, John H. Stokes, M.D.; *II. The Specific Application*, Alice M. Kresge and Dorothy H. Brubaker.
- PUBLIC HEALTH NURSING, September, 1944. *Coordinating Health Education*, L. E. Kerr, M.D.

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- FEDERAL PROBATION (Washington, D. C.), April-June, 1944. *Some Problems of the Anti-social Ex-service Man*, L. S. Selling, M.D., Dr.P.H.
- April-June, 1944. *Wartime Needs of Children and Federal Responsibility*, J. W. Polier.
- July-September, 1944. *A Dilemma—And an Opportunity—For the Schools*, Elise H. Martens, Ph.D.
- July-September, 1944. *Juvenile Delinquency in a Democracy*, Martin L. Reymert, Ph.D.
- July-September, 1944. *Some Basic Factors in the Treatment of Juvenile Delinquency*, Simon Doniger, Ph.D.
- July-September, 1944. *Unwholesome Environment—A Problem in Supervision*, Peter Stanne.
- HEALTH (Toronto, Canada), Spring, 1944. *Recreation for War Workers*, A. A. Burridge.
- INDIANA STATE BOARD OF HEALTH MONTHLY BULLETIN, August, 1944. *Indiana's Repression of Prostitution in Venereal Disease Control*, J. H. McDougall.
- JOURNAL OF CRIMINAL LAW AND CRIMINOLOGY (Chicago), May, June, 1944. *The Relation of Juvenile Courts to Other Agencies*, W. G. Long.
- July-August, 1944. *Juvenile Delinquency and Adult Disorganization*, Hans von Hentig.
- THE JOURNAL OF HEALTH AND PHYSICAL EDUCATION, October, 1944. *Problems of Youth in Peace and War*, Eleanor L. Hutzel.
- MENTAL HYGIENE (NYC), July, 1944. *The Moral Outlook of the Adolescent in War Time*, P. A. Bertoceci.
- July, 1944. *Prediction of Behavior of Civilian Delinquents in the Armed Forces*, A. J. N. Schneider, M.D., C. W. LaGrone, Jr., E. T. Glueck and Sheldon Glueck, Ph.D.
- POLICE CHIEFS' NEWS LETTER, July, 1944. *How Kansas City Is Meeting Its Child and Youth Problems*, Lou Smyth.
- July, 1944. *Youth and Parental Cooperation in Crime Prevention*, B. J. Edgar Hoover.
- PUBLIC WELFARE (Chicago), June, 1944. *Michigan's Youth Guidance Program*, E. F. Fauri.
- QUARTERLY JOURNAL OF STUDIES ON ALCOHOL (New Haven), March, 1944. *Youth, Alcohol and Delinquency*, F. W. McPeek.

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- CONNECTICUT HEALTH BULLETIN, June, 1944. *Directions for Complying with the Connecticut Marriage License Law Requirement*, Friend Lee Mickle, M.S., Sc.D.
- PUBLIC HEALTH (London), June, 1944. *Legislative Measures Against the Spread of Venereal Diseases in Sweden*, R. J. M. Hallgren, D.P.H.

### Industrial Problems

- JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION (Chicago), July 22, 1944. *Physical Fitness in Industry*, W. P. Jacobs.
- CHANNELS, National Publicity Council, September, 1944. *An Industrial Health Committee Grows in Brooklyn*, Percy Shostac.
- HEALTH (Toronto, Canada), Spring, 1944. *VD Control in Industry*, D. H. Williams.
- INDUSTRIAL MEDICINE (Chicago), June, 1944. *Venereal Disease: Report*.
- JOURNAL OF THE MEDICAL SOCIETY OF NEW JERSEY, June, 1944. *Venereal Disease Control in Industry*, G. S. Usher, M.D.
- PUBLIC HEALTH NURSING, October, 1944. *The Nurse in Industry Organizes Against VD*, Percy Shostac.

### Public Health and Medical

- THE AMERICAN JOURNAL OF NURSING, September, 1944. *Health Supervision for G. I. Joe, I. Army Nurses Tackle Health Problems in the ETO; II. ARC Services in England*, Mary Beard, R.N.; *III. ARC Services in the Mediterranean Theater*, Ruth Young White.
- September, 1944. *A National Health Service for England, Scotland and Wales*, Pearl McIver, R.N.
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- September, 1944. *Gonorrhea Contacts—Criteria for Management*, James H. Lade, M.D., F.A.P.H.A.
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- September, 1944. *Review of 2,144 Courses of Rapid Treatment for Early Syphilis*, E. W. Thomad, M.D., and Gertrude Wexler, M.D.
- September, 1944. *Syphilis in Gonorrhea Patients and Contacts*, N. W. Guthrie, M.D.
- ANNALS OF INTERNAL MEDICINE, May, 1944. *Recent Advances in U. S. Public Health Service Methods*, F. V. Meriwether, M.D.
- BRITISH MEDICAL JOURNAL (London), May 20, 1944. *Sulphonamide Prophylaxis of Gonorrhea*.
- July 15, 1944. *Venereal Disease in Sweden*.
- BULLETIN, U. S. ARMY MEDICAL DEPARTMENT, July, 1944. *Sulfathiazole for the Prevention of Gonorrhea*, P. G. Reque, M.D., and Daniel Bergsma, M.D.
- August, 1944. *Experimental Use of Penicillin in Treatment of Sulfonamide-resistant Gonorrhea*, R. J. Murphy, M.D.
- October, 1944. *Penicillin, I. Prolonged Action in Beeswax-peanut Oil Mixture; II. Single Injection Treatment of Gonorrhea*, Capt. Monroe J. Romansky, MC, U.S.A., and Technician Fourth Grade George E. Rittman, Med. Dept., U.S.A.

### Postwar Problems and Plans

- CHILD, U. S. Children's Bureau (Washington, D. C.), May, 1944. *International Labor Office Proposals for Post-war Youth*.
- HARVARD PUBLIC HEALTH ALUMNI BULLETIN, May, 1944. *Post-war Objectives*, Earnest Boyce.
- HEALTH (Toronto, Canada), Summer, 1944. *World Alliance Against Disease*, Arthur Wauters.
- PARENTS' MAGAZINE (New York City), July, 1944. *What's Ahead for the Teens?*, R. C. Taber.
- PUBLIC HEALTH REPORTS, July 14, 1944. *Planning for Health Education in the War and Post-war Periods*, J. W. Studebaker.
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- July 21, 1944. *II. Planning for Health Education in the War and Post-war Periods*, H. B. Robins, M.D.

# Journal of Social Hygiene

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## Social Hygiene Day Number

### CONTENTS

Promiscuity as a Factor in the Spread of Venereal Disease.....	Richard A. Koch and Ray Lyman Wilbur.....	517
The Challenge to Law Enforcement.....	L. R. Pennington.....	530
The Policewoman's Role in Social Protection.....	Eleanor L. Hutzel.....	538
Canada's Four Sector Program in Action.....	Donald H. Williams.....	545
An Answer to a Challenge.....	June Johnson .....	549
Pharmacy in the Wartime Educational Campaign.....	Robert P. Fischelis.....	554
Editorial: Towards V-Day in the War on Venereal Diseases.....		557
Call for the Annual Meeting—American Social Hygiene Association.....		559
National Events .....	Reba Rayburn .....	560
Some Forecasts of Social Hygiene Day Programs.....	Eleanor Shenehon .....	569
So You're Going to Hold a Social Hygiene Day Meeting! Program Suggestions from the Social Hygiene Day Service.....		571
Notes on Industrial Cooperation.....	Percy Shostac .....	573
Book Reviews and Publications Received.....		576
Index—Volume 30, Journal of Social Hygiene.....		583

National Social Hygiene Day

February 7, 1945

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# THE *fight* against V.D. is a family affair . . .



A laughing couple, dodging showers of rice . . .  
A fireside . . . garden . . . chubby babies . . .

These are the scenes we know and like, because they're part of our lives . . . because they spell happiness . . . contentment.

But we know that these things don't "just happen." They have to be worked for, lived for. Protected, too, because of ever-present dangers which may spoil them.

Venereal Disease is a spoiler. In a cold, relentless way it can kill infants, rob the home of its breadwinner, cripple, destroy. These are not mere possibilities. THEY HAPPEN . . . RIGHT HERE IN CANADA!

But, these things should never happen. They can be prevented.

Young men and women can safeguard their future happiness together by *making sure before marriage* that V.D. will not blight their plans. A medical examination, including

a blood test for syphilis, is a protection no couple can afford to pass up.

The expectant mother, too, may *know for sure* that her baby will be all she dreamed of. Syphilis in the expectant mother rarely shows outward signs, and it is no respecter of persons. An early check-up by her doctor, including a blood test, is a most essential, yet simple, first step in protecting her baby's health.

Nor must the breadwinner neglect his part. The security of the home depends upon his ability to work regularly and efficiently. unsuspected syphilis, striking in middle life, may make the head of the home unable to provide for his family. It is wise to KNOW FOR SURE in time. Industrial medical examinations should include a routine confidential blood test.

A blood test should not be looked upon as something unusual. It should be regarded for what it is . . . a normal safeguard of health, security and happiness.

Invest a few minutes of your time in ASSURANCE.

## FIGHT VD ON THE 4 SECTOR FRONT



For all the facts about VD write your  
Provincial Department of Health for the new, free booklet  
*"VICTORY OVER DISEASE"*.

Sponsored by  
DEPARTMENT OF NATIONAL HEALTH AND WELFARE  
to further Canada's fight against V.D.

## CANADA'S FOUR SECTOR PROGRAM IN ACTION

One of a series of six full-page advertisements published by Canadian newspapers and magazines to aid in the current educational campaign sponsored by the Department of National Health and Welfare with the cooperation of numerous voluntary agencies, including educational and church organizations and industrial and business groups. (See pages 545-548 for description of this program by Lt. Col. Donald H. Williams)

# The Challenge of Venereal Disease

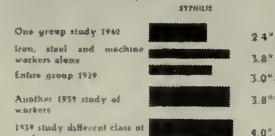
BY LT.-COL. D. H. WILLIAMS

Chief, Division of Venereal Disease Control

**V**ENERAL disease is a terrible human affliction, yet it is often forgotten. Although the exaggerations of "united front" against syphilis and gonorrhoea distract and divert our attention from other important public health problems, the cost of venereal disease is still in the billions of dollars.

## Hidden Costs in Industry

Recent studies of industrial diseases show an average of 2.9% Syphilis



## SOCIAL HYGIENE EDUCATION IN TWO LANGUAGES

ADMITTEDLY, forces  
CANADIAN MAGAZINE, March 1st, 1944

Lost to VD: Enough man-days to man an air squadron a year, fight Canada's share of the Sicily battle and escort eight convoys across the Atlantic

### Here's the Record

#### Venereal Disease in the Armed Forces in Canada

January 1, 1940, to June 26, 1943

	Navy	Army	Air Force
4,329	22,024	7,003	
63,580	465,327	146,021	
63,580	465,327	146,021	
106,007	3,081,323	1,869,340	
9	25	15	
8	25	15	
7	25	15	
6	25	15	
5	25	15	
4	25	15	
3	25	15	
2	25	15	
1	25	15	

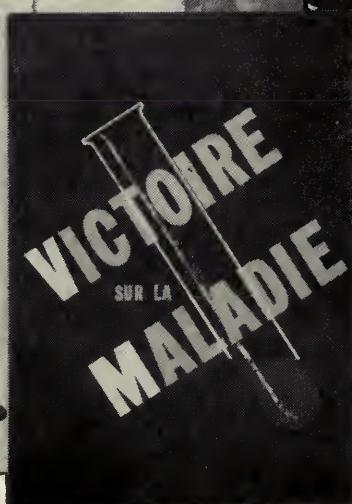
THIS IS WHAT VD COSTS!

Ravissante?



Pourquoi  
les tolérer?

ASHA 2000-2001



VD...  
No. 1 SABOTEUR

By BLAIR FRASER

from Maclean's Magazine - February 1944, p. 44

Examples of articles and literature used in Canada's campaign to *Fight VD on the Four Sector Front—Health, Welfare, Legal and Moral*. The pamphlets shown here in the French versions are also published in English. Good design and attractive colors add to their effectiveness. *Pourquoi les tolérer* will be recognized as a French edition of the ASHA pamphlet *Why Let It Burn?*, discussing the case against the red-light district.

# Journal of Social Hygiene

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## Social Hygiene Day Number

### PROMISCUITY AS A FACTOR IN THE SPREAD OF VENEREAL DISEASE \*

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City and County of San Francisco, California*

AND

RAY LYMAN WILBUR, M.D.

*Chancellor, Stanford University; President, American Social  
Hygiene Association*

Venereal diseases are one of the greatest preventable human tragedies. The reason we fail to conquer them is our prudery and our failure to face the over-all problems, their causes and background. The sex urge is as fundamental as that of hunger and thirst, and in our sensate society that urge has led to promiscuity.

Sexual promiscuity is the most vital factor in the spread of venereal diseases. If sexual promiscuity were eliminated from our national life, venereal diseases as a natural course would disappear from our state without the necessity of medical intervention. Venereal disease control is concerned inseparably with the physical and social aspects of our national life. It is thus concerned with the moral fiber of the community, the church, the home, and with those factors and agencies, official and non-official, which strengthen that moral fiber, as well as with those factors that tend to weaken it. We must remember that while we cannot control the morals of people by legislation, we certainly can control the environment of youth. Venereal disease control, therefore, is related to church activity, school activity, parent educational programs, youth agencies, recreational activities, law enforcement, protective care of girls and boys,

\* An address given on November 10, 1944 before the National Postwar Conference on Venereal Disease Control at St. Louis, Missouri, under the auspices U. S. Public Health Service, Venereal Disease Division.

training in leadership, and a long-range public health educational program.

This diversity of factors related to the control of venereal diseases is not characteristic of the venereal diseases alone. The control of typhoid fever is not exclusively a medical problem. Its control is related to the control of the sanitary environment and to the vast ramifications of engineering feats that are necessary to effectuate this control. The control of tuberculosis is not a medical problem alone. Its control is related to the provision of improved housing conditions through slum clearance; to the provision of adequate parks and playgrounds; and to the development of a general concept of a healthy social life providing sufficient recreation, freedom from overcrowding, balanced nutrition, and an understanding of family hygiene. There are many non-medical factors used also in the control of malaria, yellow fever, cholera, dysentery, plague, and other communicable diseases.

Unquestionably, venereal disease control is of a more personalized nature than the control of the other communicable diseases. Perhaps for this reason the venereal diseases to a large degree have defied control. It is for us to recognize the diversity of the problems involved and to effectuate programs directed towards their solution.

The non-medical problems related to venereal disease control are those that relate to sexual promiscuity. Promiscuity in the male has always been more or less condoned as long as such promiscuity was not blatantly forced upon the public. Just as the satisfaction of hunger and thirst is commercialized by the food establishments by the preparation of attractive food materials, so also is the satisfaction of the sex urge likely to be commercialized. Such commercialization, if the community permits, involves the establishment of houses of prostitution with the result that where such houses exist a high percentage of venereal disease is certain to be found. It has been shown that if commercialized prostitution is actively repressed, a decline in the incidence of venereal disease follows. Prostitution of course is a system intended to serve male promiscuity. It is intolerable in a democratic society.

In our past history, promiscuity of the female has not been accepted. We are only a few decades away from the days when a promiscuous woman would find her door painted with tar as the sign of disapproval of her moral looseness. If we attempt to trace the acute development of female promiscuity in contemporary times, we need search no further than World War I, when women gained more freedom outside the home, and the passage of the Nineteenth Amendment in 1920, when women gained the same political privileges and freedom held by men.

As woman has become more prominent in the business world and has accepted greater freedom outside of the home, she, also to some degree, has accepted the same masculine freedom in relation to sex. A few years ago the largest percentage of venereal diseases came from prostitutes, but since repression of commercialized prosti-

tution the promiscuous girl has come to be considered the major source of venereal infection. Therefore today the problem of venereal disease control is chiefly that of the promiscuous girl and not of the prostitute. Not only is this a wartime problem, but with the lowering of moral conduct and the loosening of old controls and safeguards, more and more, the promiscuous girl as the spreader of venereal disease will be a definite postwar problem.

Those who have worked in this field know that if ever venereal diseases are to be eradicated the control must be related not only to medicine and public health but also to welfare, church, law enforcement, education, and public understanding, and that it must be supported by all agencies private and governmental.

The solution of the problem of promiscuity does not lie in the hands of the medical profession. It will be corrected only by cultural changes in society. Surgeon General Thomas Parran has written:<sup>1</sup>

It is my opinion that too often in the past health officers have neglected their direct medical responsibilities in controlling syphilis and have diluted their efforts by attempting to function in the whole field of social hygiene. The repression of prostitution is primarily the responsibility of the law enforcement agency. The teaching of sex hygiene is primarily the function of the parent and educator, secular and religious. As a good citizen, the health officer should work wholeheartedly with both. As a public servant, he should do his own job and endeavor to coordinate it intelligently with both.

The official health agency, being directly concerned with the control of all communicable diseases must act as a community catalyst in bringing about a public awareness of the over-all community problems pertaining to the dissemination of venereal diseases.

#### A STATISTICAL ANALYSIS

We found among 8,027 persons examined in a pre-war serologic survey among labor unions in northern California<sup>2</sup> that the incidence of positive serologic findings among the employed was 3.7 per cent, whereas among the unemployed it was 5 per cent. In a summary of studies made from 1935 to 1940, Doctor Walter Clarke<sup>3</sup> reported syphilis was more prevalent in the relief (unemployed) groups than in the employed groups. We further found<sup>2</sup> in the northern California area group the incidence of positive serology to be 3.8 per cent in the resident and 6.3 per cent in the non-resident or transient, a difference of incidence indicating that those who live transient, migratory lives are more prone to promiscuity and have a higher incidence of syphilis than those who live a resident, non-transient life.

In the serologic examination of 14,354 new employees of a San Francisco War Industry (*Table I*) which represent, in the large, a transient population, or at least a population which did not have its roots deeply established in a communal environment, we found 1,590 (11.1 per cent) to have a positive serology; 685 (6.0 per cent) whites and 905 (30.6 per cent) Negroes. These statistics again illustrate the high incidence of syphilis among the relatively promiscuous

transient. On the other hand, examination of 3,610 workers from the same industry before the introduction of large masses of migratory workers (*Table I*) showed 214 (5.9 per cent) to have a positive serology; 108 (3.7 per cent) whites and 106 (15.5 per cent) Negroes; thus again is illustrated the lower incidence of syphilis in the resident, less promiscuous class of our population. Further analysis of this table shows the low incidence of positive serology in our more stable population.

Occupational status is related to social stability and the establishment of a permanent home. In various industrial surveys in the San Francisco area<sup>4</sup> out of a total of 7,147 workers, whose occupation was known, the incidence of positive serology was as follows:

Unskilled laborers.....	5.0 per cent
Semiskilled laborers.....	4.6 per cent
Skilled laborers.....	3.7 per cent
Office workers.....	4.3 per cent
Professional workers.....	1.1 per cent

The incidence of syphilis decreased with increase of employment stability.

TABLE I  
SEROLOGIC FINDINGS IN EMPLOYEES OF SAN FRANCISCO INDUSTRIES

		Total	Number Positive	Percentage Positive
Serologic survey of permanent employees in four old established San Francisco manufacturing firms.	White	1,187	31	2.6%
	Negro	....	....	....
	Total	1,187	31	2.6%
Serologic survey of a San Francisco war industry prior to the employment of a large number of migratory workers.	White	2,924	108	3.7%
	Negro	686	106	15.5%
	Total	3,610	214	5.9%
Serologic survey of the migratory workers employed by the above war industry.	White	11,400	685	6.0%
	Negro	2,954	905	30.6%
	Total	14,354	1,590	11.1%
Serologic survey of employees in a transient war service.	White	2,142	166	7.8%
	Negro	859	256	29.8%
	Total	3,001	422	14.1%

The Psychiatric Service of the San Francisco City Clinic offers figures related to promiscuity. Patients referred to this service in 1943 were those who had been interviewed by public health nurses and doctors and found to be sexually promiscuous, not prostitutes, and generally under 22 years of age. Promiscuity was defined as sex delinquency of a non-commercial character. It included a girl who might receive clothes, meals, a gift, or even money, if such returns did not constitute her conscious reason for resorting to sexual

promiscuity, and who did not confine her attention to one or two male friends.\*

Of 168 patients on whom complete psychiatric case studies were done, 63 per cent came from currently broken homes; 83 per cent reported familial conflicts, some being at the point of open breaks with their families while others blamed their families for their situation, with a wide range of difficulties between the patients and their parents. An analysis of 158 of these 168 patients whose records were known showed that 18 per cent had been previously in correctional schools or had juvenile court experience. Almost all of these 168 patients indicated they had been affiliated with some religious group in childhood. A large majority had ceased attendance at Sunday school or church before or during adolescence. Most of these patients did not adhere to any form of organized religion at the time of the interview. Many of the patients who claimed affiliation with a church had recently come from small communities where the church was a social and recreational center as well as a place of worship. Statistics on 163 patients of the psychiatric service show 39 (23.9 per cent) claimed no present church affiliation, although almost all of these had had some previous church or Sunday school affiliation. The chief recreations of this group of patients studied by the psychiatric service were commercialized, such as frequenting bars, dance halls, and cheap movies, reading "pulp" romances and detective stories, and visiting beach concessions habitually as a means of meeting men.

The women examined at the San Francisco Separate Women's Court since its establishment in March 1943 offer important case study statistics.

TABLE II  
STATISTICAL EVALUATION AND CLASSIFICATION OF 1,402 CASES  
APPEARING BEFORE THE SAN FRANCISCO SEPARATE WOMEN'S  
COURT, MARCH, 1943, THROUGH SEPTEMBER, 1944

	Number of Cases	Per Cent of Cases
Prostitutes . . . . .	311	22.2
Promiscuous women . . . . .	751	53.5
Alcoholics . . . . .	283	20.2
Drug addicts . . . . .	57	4.1
Total cases . . . . .	1,402	100.0
Repeat investigations . . . . .	278	
Total investigations . . . . .	1,680	

Classification of the women by the social service department shows that 311 (22.2 per cent) were prostitutes, 751 (53.5 per cent) were

\* This definition conforms with the definition of promiscuity in the report of the Committee on Sex Delinquency in Young Girls, which met in New York, November 23 and 24, 1942, at the invitation of the American Social Hygiene Association; Bascom Johnson, Chairman.

promiscuous women, 283 (20.2 per cent) were alcoholics, and the remaining 57 (4.1 per cent) were classified as drug addicts. For the purpose of this classification, prostitutes were defined as women who required pay for their sexual act; promiscuous women were defined as previously mentioned; alcoholics were defined as those who were routinely sexually promiscuous due to the effect of alcohol or who were so in order to procure alcohol; and drug addicts were defined as those who were sexually promiscuous due to the effect of drugs or who were so in order to procure drugs.

This study shows the important place the promiscuous woman now occupies in venereal disease control, especially when it is pointed out that about 60 per cent of all venereal disease reported in San Francisco is contacted through the media of bars and taverns.

*Table III* illustrates part of the social background of the women appearing before the San Francisco Separate Women's Court. These women were referred to the Court following arrest for alleged vagrancy or prostitution.

TABLE III

TABULATION OF HOME LIFE, RELIGION, AND RECORD OF ARRESTS  
FOR 1,402 WOMEN APPEARING BEFORE THE SAN FRANCISCO  
SEPARATE WOMEN'S COURT

	Number	Per Cent
Broken home.....	794	56.7
Home with parents.....	382	27.2
Unknown .....	226	16.1
Total .....	1,402	100.0
*Church affiliation.....	1,184	84.5
No religion.....	218	15.5
Total .....	1,402	100.0
Record of previous arrest.....	635	45.3
No known record.....	742	52.9
Unknown .....	25	1.8
Total .....	1,402	100.0

Note that of the 1,402 women, 794 (56.7 per cent) came from broken homes, a broken home or an unhappy home background being defined as any breaking up of the solidarity of the home by (1) death of one or both parents when the child was 18 years of age or under; (2) divorce or separation of the parents; (3) removal of the child from home, i.e., placed in boarding school, work home, foster home, et cetera; and (4) illegitimate child of mother. Strikingly similar findings of Doctor Rachlin<sup>5</sup> show 52 per cent of 249 women studied at the Midwestern Medical Center in St. Louis, Missouri, came from broken homes.

\* Ninety of the group with church affiliation were questioned concerning active-ness of affiliation. Of these, 22, or 24.5 per cent had active affiliation, while 68, or 75.5 per cent were inactive.

Although in this group 1,184 (84.5 per cent) stated some religious affiliation, in the majority of instances this was only an expression of faith. Detailed analysis of 90 of these patients showed 68 (75.5 per cent) to be religiously inactive.

The large numbers of first offenders 742 (52.9 per cent) is of significant importance also as a reflection of the social condition of our times. This figure coincides with the number of promiscuous women (53.5 per cent) as shown in *Table II*.

Evaluation of the mental level of women appearing before the Separate Women's Court is of importance in an adequate consideration of the problem of promiscuity. These figures are a result of the study of Doctor Mary C. Van Tuyl, Separate Women's Court psychologist. The tests used were the Otis Beta B group test and Wechsler individual test adult scale, as we were concerned with the best measure of intelligence quotient possible for the particular patient.

*Chart I* is a graphic description of the mental level by race for 553 women appearing before the Separate Women's Court from

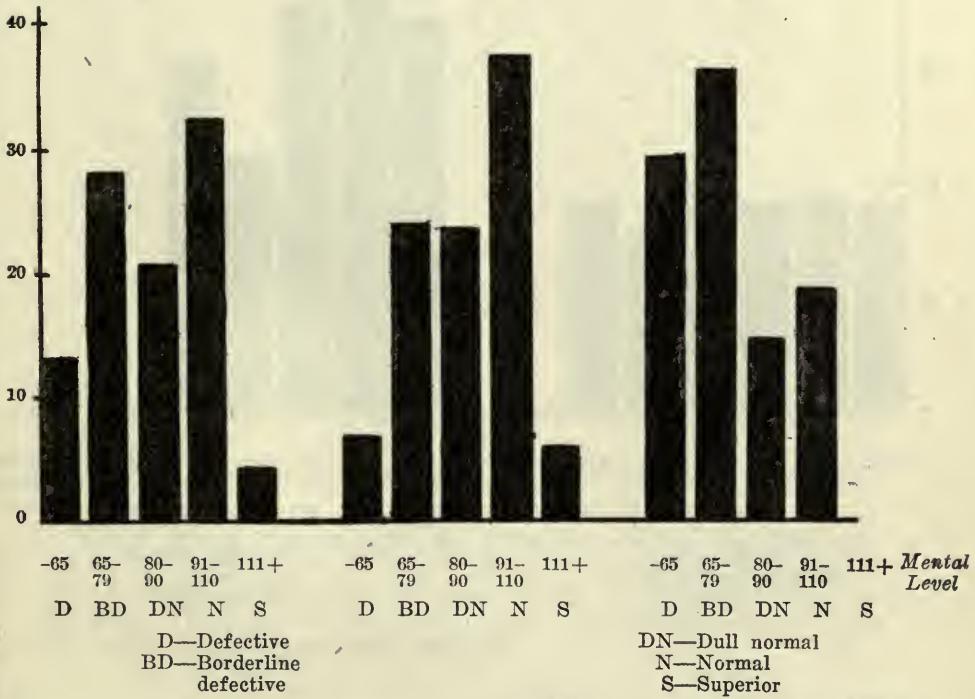
CHART I

DISTRIBUTION OF MENTAL LEVEL BY RACE FOR 553 WOMEN  
APPEARING BEFORE SEPARATE WOMEN'S COURT  
FEBRUARY 21-SEPTEMBER 22, 1944

Total—553 \*

White—394

Negro—138



*From Records of the Separate Women's Court*

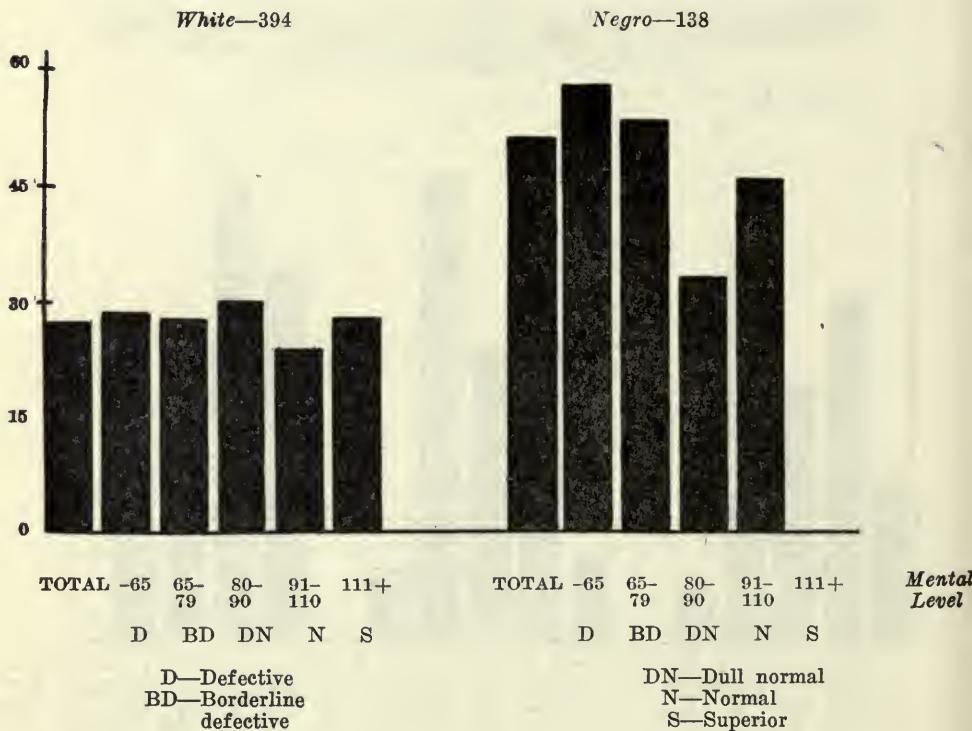
\* Includes 21 persons of races other than White and Negro.

February 21 to September 22, 1944. It is of interest to point out that 61 per cent of the white cases and only 34 per cent of the Negro cases fell within the grouping "dull normal and normal." It should be further pointed out that in the whites 67 per cent are above the defective and borderline defective level. Of the total cases 57.8 per cent are of a mental level of dull normal or better, the evidence thus showing the subjects, on basis of intelligence, to be amenable to redirectional care.

*Chart II* shows the per cent distribution of infection within the various mental level groupings. It is of interest to note the small fluctuation of venereal disease incidence in the various mental levels of the white women; while this fluctuation is more marked in Negro women, the difference is not great. One might, therefore, consider that mental level was not necessarily related to the incidence of venereal disease in this class of patient.

CHART II

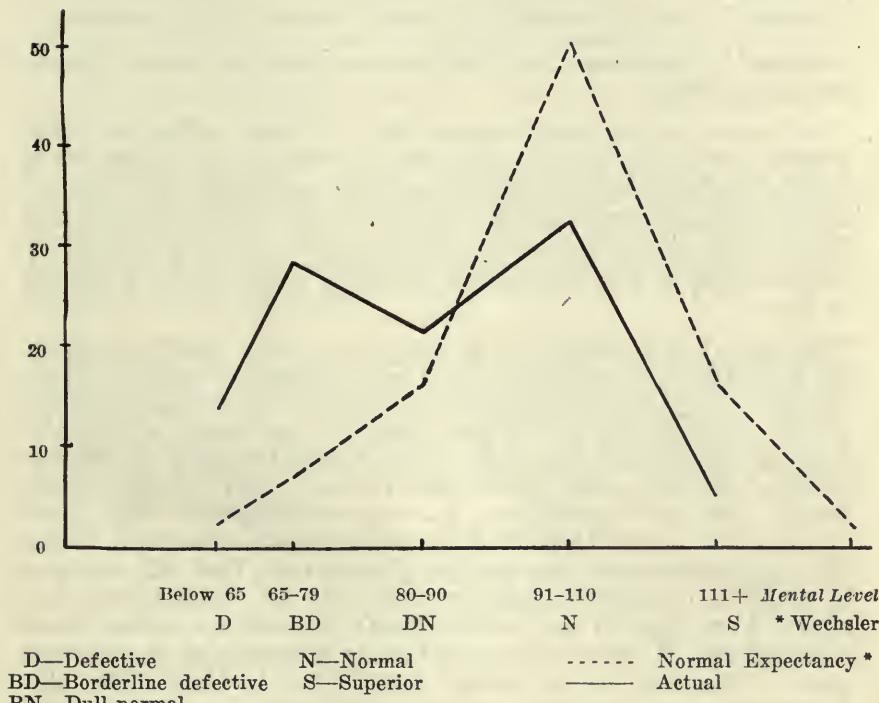
PER CENT OF INFECTION BY MENTAL LEVEL AND RACE,  
FOR 532 WOMEN APPEARING BEFORE SEPARATE WOMEN'S COURT  
FEBRUARY 21—SEPTEMBER 22, 1944



*From Records of the Separate Women's Court*

*Chart III* by a graph relates the mental level groups found in the women at the Separate Women's Court with the expectancy curve found in a normal population as reported by Wechsler.<sup>6</sup> According to the expectancy curve, 50 per cent of a normal population falls within the limits of the normal mental level (91 to 110 I.Q.); in our population only 32 per cent of the total cases fell within this normal range. This figure is 18 per cent below the normal expectancy. The incidence of border-line defectives in our group was 21.3 per cent above the *expectancy* in the normal population.

CHART III  
NORMAL EXPECTANCY AND MENTAL LEVEL OF 553 WOMEN  
APPEARING BEFORE SEPARATE WOMEN'S COURT  
FEBRUARY 21-SEPTEMBER 22, 1944



*From Records of the Separate Women's Court*

These figures tend to point out that the problem of promiscuity is to some degree related to low mental intelligence, as compared to the average population, but the evidence is not strikingly conclusive. The group in the main, from a mental level point of view, is amenable to redirectional treatment.

## GENERAL CONSIDERATIONS

The medical profession now has new and lethal weapons with which to combat venereal diseases. While the old weapons were effective, the new ones are likely to be even more so. We should be forewarned, however, that penicillin is not likely to be a panacea for the cure of both syphilis and gonorrhea. As the sulfonamides have failed to meet general expectations, so penicillin may fail. A rigid criterion of cure in both diseases is indispensable to adequate treatment and control. Pelouze<sup>7</sup> has warned that patients who are free from symptoms are not necessarily cured. The public health doctor is not entitled to assume cure. He has a medical responsibility to the community. Even in the practice of mass medicine individualization is indispensable for proper medical care and proper public health safeguards. Consideration should be given also to the possibility that with quicker and less arduous treatments, promiscuity, and consequently venereal diseases, may increase.

Stokes<sup>8</sup> in speaking about the new weapons for venereal disease treatment states:

That some of the anticipated beneficence may be wishful thinking will almost certainly prove to be the case; for quick and easy cure is turning out as Pelouze has indicated for gonorrhea, to be less of a device for the control of infection than an incentive to epidemicity through incitement to exposure. Venereal disease dissemination takes place in the period between infection and the institution of treatment control. It is not the patient under treatment who spreads disease but the promiscuous individual before and after treatment. In other words, we must move against promiscuity rather than, or in addition to, disease.

We must as a matter of necessity widen our view to include the magnitude and ramifications of our problems in venereal disease control. We must face the expanding front of social factors leading to the dissemination of venereal disease. The social problem of venereal disease knows no geographic or class boundary lines. The venereal disease control officer must be more than a public health doctor. He must coordinate his work intelligently with other agencies. He must do more than treat the sick. He must realize that the avalanche of new venereal disease cases that will continue to descend upon him cannot be controlled by medical treatment alone. Prevention is the health officer's business no matter where it leads him. He has to be a social guide and work on the environment of disease; that is a large part of his business. We must follow the spirochete and gonococcus wherever they go; we have to get the remedy whether medical or social. We cannot do it by just running around with a luer syringe.

It is necessary as well to get at the root of the social problem that produces the recruits for new cases of venereal disease. The parent, the church, the school, and the social agency play a vital and important role in an adequately coordinated venereal disease control program, and all of these factors relate back to the kind of a social state the people wish to develop.

Analysis of a great number of new female cases shows that the new recruits to venereal disease seldom come from well-organized, tranquil homes; they come from broken homes, homes where the daughter has been left to drift with little parental guidance or assistance. In some instances, the parent has directly contributed to the daughter's delinquency, but in the majority of cases the factors are those of neglect. Therefore, these factors which contribute to juvenile delinquency also contribute to exposure and to the spread of venereal diseases.

The church and school must take a more active lead in reaching parents. It is the moral fiber of the nation, developed by its religious concepts, which has thus far kept venereal diseases from becoming more prevalent than they are. This moral fiber must be strengthened in a positive and direct way, because when one deals with promiscuity, one is dealing with conduct and behavior. Venereal disease is only one of the casualties that come from anti-social or irresponsible social behavior. Venereal disease is essentially a problem of youth. This is supported by the fact that the majority of new cases of venereal disease are contracted by boys and girls between the ages of fifteen and twenty-five.

Therefore, the parents must be reached and brought to a realization of their obligations to rear the child in an environment that will build and strengthen a strong moral character. This parent education can be achieved through social and religious education in health and human relations. Such a program is, of course, beyond the scope of any one agency.

To present a military analogy, the program should be defense in depth against venereal disease—in our case, depth in prevention by establishing social standards that will create cultural obstacles to promiscuity, and consequently, to exposure to venereal disease. In cases where these obstacles fail, it is necessary to depend upon medical diagnostic and treatment safeguards. Defense in depth is outlined as follows:

1. Establishment of the family as a secure cultural unit.
2. Achievement of a religious and socially moral outlook with adequate religious training of the child in his moral obligations to his God, his parents, his country, and himself.
3. Establishment of a coordinated health education program in the public schools.
4. Establishment of community recreational facilities.
5. Adequate parental knowledge of child development guidance.
6. Progressive social hygiene instruction of the child by the parent.
7. Continued social guidance to post-adolescent youth by the church and state through the recognition of their responsibility to assist the post-adolescent to a firmly established, socially balanced, adult life, assisted by trained and adequately staffed social agencies.
8. Recognition on the part of health agencies of their responsibility in guiding the public through health education to recognize the foregoing concepts as indispensable to adequate public health.

9. Adequate social treatment and redirectional care for those who have failed to maintain an accepted social course. This treatment should be made available through community agencies offering assistance in social redirection to the post-adolescent through competent and effective service for the individual as a person with a distinct and specific psychic makeup and problem.
10. Active, intelligent, continuous, and diligent repression of commercialized prostitution in its many and devious manifestations and relentless prosecution of the facilitator.
11. Adequate public health education regarding the problems, symptoms, nature, and method of prevention and treatment of venereal diseases.
12. Free diagnosis readily available in the community for all those suspected of having a venereal disease.
13. Adequate and readily available treatment and physical quarantine for those who are unwilling to submit voluntarily to medical care.
14. Free treatment for those who cannot afford to pay for treatment.
15. Active venereal disease case finding and case holding adequately supported by public funds to provide an effective control program by the health department.
16. Recognition on the part of public health workers of the strategic leadership to be given by the health department in building a defense in depth against venereal disease.

The pride of today's medicine is prevention. Treatment for venereal disease may be effective, but the disease and the source of its origin leave scars on the personality and conscience that never heal.

We must always bear in mind the menace of these diseases to the home and to that one divine attribute of man, the power to produce babies—the future of the race. Promiscuity is the worst enemy of the family and the home. Babies diseased at their birth are the greatest of all indictments against any man or woman participating in their creation. The illegitimate boy has been fed into the armies of Europe for centuries. The illegitimate girl without family protection has gone to the bottom of society. Promiscuity will decrease to a marked degree if we can make every boy and girl feel that the greatest happiness on earth can come from honorable marriage and that it is worth while to lead a continent and restrained life.

Our boys and girls need help and knowledge to face this promiscuity that is rotting the family tree at its very roots. There is no family immunity to these diseases.

If the health department takes a negative attitude toward the larger and necessary aspects of venereal disease control, or entertains a defeatist or cynical disregard for it, we will fail. If the community is not told the job is more than the medical profession alone can do, we will fail. If the results of promiscuity are to be controlled only by medical treatment, we will fail. But, if we marshal all the community resources in a united front, and take our place on the headquarters staff with the ministers, the sociologists,

the educators, the peace officers, the prosecutors, and the jurists, we cannot fail.

Nothing less will win the battle against promiscuity and venereal disease.

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#### The Spearhead Must Be Prevention

The attempt to stamp out syphilis and gonorrhea by "finding and treating" alone is as impractical as trying to control malaria by dosing with quinine, without getting rid of swamps and mosquitoes. Nor is it enough to put commercialized prostitution out of business, unless efforts are made to lessen other forms of sexual promiscuity. Especially, must be stopped *before it starts* youth's drift toward such quicksands.

More than any other factor, promiscuous sex relations spread VD today—from man to woman, from woman to man, from boy to girl, and from girl to boy. Army and Navy reports show a great majority of infections traceable to "free" girls, or "pickups." Often these youngsters are hardly in their teens, seldom are they past them.

Thus, the attack by public health measures, law enforcement and citizen action is outflanked and its achievement in part defeated by sexual promiscuity, stemming from individual and public casualness towards moral values, and to a great extent involving persons too immature to recognize the danger or to realize the consequences.

Much of this "sex delinquency" comes out of home and community conditions disturbed by the war. More is due to failure to provide the instruction and guidance necessary for knowledge and character-strength to withstand the stress and strain of living in today's world. Needed, too, are more facilities for wholesome recreation, and other outlets for young energies.

Until such bridgeheads enable safe passage from uncertain adolescence to experienced maturity, sexual promiscuity will continue to threaten the efficiency of Army, Navy and war industry, and to shadow the health and happiness of thousands of young men and young women.

The chief responsibility for taking steps to solve this problem lies with home, church, school and youth-serving agencies.

from *Calling All Communities!*  
ASHA Pub. No. A-575, announcing *National Social Hygiene Day* for 1945

## THE CHALLENGE TO LAW ENFORCEMENT \*

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Ever since Mr. John Edgar Hoover became the Director of the FBI in 1924, he has worked continuously and untiringly toward a cooperative program for law enforcement agencies. Shortly after Mr. Hoover's appointment as Director, the FBI became the repository on a national scale of criminal fingerprint records which had previously been kept at Leavenworth Penitentiary and by the International Association of Chiefs of Police. The records received in 1924 included approximately 800,000 prints. On February 11, 1944, there were on file in the Bureau's Identification Division 78,916,494 fingerprint cards. Contributing law enforcement agencies totaled 12,369.

Identifications were made on 64.68 per cent of the criminal arrest fingerprint cards forwarded to the Identification Division in 1943. During the same period, fingerprint cards were received at the rate of 93,540 daily. Of the total prints forwarded to the FBI, 5,172,746 are civil prints sent to the Bureau by citizens for identification purposes. Through the facilities of the Identification Division, 11,976 fugitives were identified in 1943. This more than doubles the 5,706 identifications made in the fiscal year 1942.† Through the facilities of the Identification Division, police agencies are kept fully informed of the criminal records of individuals taken into custody.

Again, through the facilities of the FBI Laboratory which are at the disposal of police agencies, criminals who a decade ago would have gone scot-free are daily being identified and convicted.

Examinations are being made almost daily for police departments by ballisticians to determine whether a certain gun was used as the lethal weapon in the commission of a murder. Collections of blue prints of auto tire treads, various types of bullets and cartridge cases, typewriting specimens of every make of domestic typewriter and many of foreign manufacture, handwritings of many chronic criminals, paint samples, and many other collections of scientific specimens are used by FBI technicians to assist police agencies throughout the country.

\* A paper given before the Southeastern Regional Conference on Social Hygiene, Atlanta, Georgia, February 23, 1944; and revised for publication in this number of the JOURNAL.

† As of December 10, 1944, the Identification Division had a total of 93,500,000 fingerprint cards, from contributing agencies totaling 12,500. These include 5,300,000 civil prints. Identifications were made on 70.25 of the criminal arrest fingerprint cards forwarded in the fiscal year 1944, and 13,729 fugitives were identified through the facilities of the Division.

As a further means of cooperation, Mr. Hoover in 1935 initiated the FBI National Police Academy, whose graduates now total 816\* officers. These men represent police personnel of over 100,000. Returning to their agencies, they have for the most part initiated schools to assist in raising police standards throughout the country. The FBI has, when requested, assisted in preparing the programs and loaned technical experts to assist in the police training schools.

In response to President Roosevelt's directive in 1939, calling upon the FBI to take charge of and to coordinate National Defense activities, conferences were initiated throughout the country, that our police agencies might be fully informed concerning the National Defense Program. In 1941, 1,000 such conferences, representing 7,000 law enforcement agencies, were held. In 1942, the number of conferences increased to 1,394, representing 9,000 agencies. In 1943 there were 1,604 such conferences, representing 9,900 law enforcement agencies. The particular problems of this Conference were regularly discussed at these meetings.

As all of you no doubt know, the first Federal legislation adopted to curb exploitation of women for purposes of prostitution was the so-called Mann Act, which was passed by the Congress in 1910 and signed by President William Howard Taft on June 25th of that year. This Act provides for the punishment of any person who, in interstate or foreign commerce, transports a woman or girl for the purpose of prostitution, debauchery, or with other immoral intent. The control of commercial organized vice rings operating on an interstate basis is the primary objective of this law, and it does not cover the problem of local prostitution. However, the Courts have held that certain transportations not of a commercial nature but occurring under aggravated circumstances, such as the involvement of a minor, are within the purview of the Mann Act. Prosecution is aimed primarily toward the promoter or propagator of the business and not at the prostitute and her client.

The professional procurer makes the business of trafficking in women his total source of income and his preferred way of life. He appeals to young and frequently ignorant victims, and, through the false lure of entirely fictional wealth and easy living, effects the transition of the juvenile delinquent into the hardened prostitute. The arrest records as reflected by the criminal files of the Identification Division of the FBI clearly show that, once inured to the life of prostitution, successful rehabilitation of these girls is so unusual as to be unique.

Particularly noteworthy concerning the illegal "business" of prostitution is the fact that it invariably is allied with the whole underworld. During the "crime era" in the 1930's when organized gangs of killers and extortionists were rampant in this country, the major figures and leaders were found to be frequenters of prostitution haunts. The Dillingers, the "Pretty Boy" Floyds, the Harvey

\* By December, 1944, officers graduated from the FBI National Police Academy total 968.

Baileys, and their accomplices maintained close alliance with the madams, procurers, and prostitutes throughout the country. Today, the petty gambler, racketeer, and "con" man not only find the brothel and its inmates a means of entertainment and relaxation, but often utilize the house of prostitution, in communities where these sore spots are still permitted to exist, as centers of activity through which others in the same line of business may keep in touch with their movements. In every city and town, the madam, the pimp, the procurer, the prostitute know and associate with personnel involved in every other category of crime.

Juvenile delinquency, one of the major problems in our country today, concerning our whole population, and one which is of particular moment to the law enforcement officer, is an important factor in the propagation and maintenance of the business of prostitution. Young, inexperienced girls, because of mental limitations or because of dissatisfaction with their home patterns of life, are fair and better than fair game for the prostitution promoter. It is an axiom clearly shown by factual record that the female juvenile delinquent of today is most often the professional prostitute of tomorrow.

The approach of the professional procurer is disarming and friendly. In the beginning he utilizes every psychological means of persuasion from the offer of a glowing theatrical career to protestations of love. After the confidence of his victim is gained, she is often transported from her home surroundings to another locale, where the second phase of her education as a prostitute begins. It is here that she is introduced to the actual life of prostitution and where the degree of trust developed by the procurer is augmented by the factors of fear and duress. As previously stated, the girl who has become experienced as a prostitute as a rule never learns another way of life.

Since Pearl Harbor, organized prostitution has been greatly reduced throughout the United States. Spurred by patriotism and backed up by public opinion, law enforcement officials have hit hard at the "business" wherever it has tried to set up shop, and the results may be seen in "red-light districts" closed in more than 650 communities, and in the fact that today a low proportion of venereal disease infections among the armed forces may be considered chargeable to prostitutes. Nevertheless, in spite of this fine record, the FBI still runs across flagrant examples of the white slave traffic which have persisted here and there. Some of these are described below. They are cited not because they are commonly found now, but because they are examples of conditions which existed in many places before the war, and which are sure to exist again after peace is declared, unless our laws against prostitution—local, state and national—are rigidly enforced.

The words "white slavery" are indeed suitable to describe operations uncovered by FBI Agents at Wheeling, West Virginia, in 1942. Young girls were being procured by a group of panderers on the streets and in taverns in Wheeling. In many instances, they were lured with the promise that employ-

ment as waitresses at a good salary would await them if they would accompany the procurers to Campbell, Ohio. They were furnished with money to hire a taxicab to drive them across the Ohio River and, upon their arrival in Campbell, were taken to the Campbell Hotel, a bawdy house. It was here they learned for the first time that their jobs as waitresses consisted of prostituting themselves for any and all customers. Evidence introduced at the trial of the case indicated that drugs were frequently used to aid in convincing these girls, in case they were reluctant to take up the trade. Once convinced, the victim was made to carry on her activities as a virtual prisoner.

The Campbell Hotel, a two-story brick building, in many respects resembled a prison, inasmuch as there was only one entrance and the windows were barred. The entrance was carefully guarded at all times to prevent the girls from leaving without permission of the panderers or the madam. If the victim left the premises without permission, a \$35 fine was assessed against her. The "business" had been worked out so thoroughly that a punch-card system was used for recording the volume of trade handled by each girl, and thus the madam made certain of her fifty per cent out of the victim's earnings. This cut was increased by high charges assessed against the girls for room rent, laundry, and medical examination. As most of the girls at the Campbell Hotel were placed there by panderers associated with this group, the balance of their earnings went to the panderer. In January, 1943, a United States Grand Jury at Wheeling, West Virginia, returned indictments against the panderers. They received sentences varying from two to five years.

In the spring of 1942, the FBI instituted an investigation of violations of the White Slave Traffic Act in eastern Pennsylvania which resulted in the conviction of twenty-two individuals engaged in trafficking in women. Investigation centered around Reading, Pennsylvania, where many of these persons had been engaged in prostitution for a long period of time. Several houses of prostitution maintained close liaison. Many of the procurers, whose activities were uncovered, freely exchanged girls with other groups. Many of the girls were brought from New York City, a number were transported to the vicinity of the race track at Havre de Grace, Maryland, and quite a few were juveniles. The sentences in most cases were relatively light.

In July, 1942, members of the Cleveland, Ohio, Police Department relayed to the FBI a tip received from a former prostitute, which brought to light one of the most vicious vice rings yet uncovered. Pete Morei, well known as "King of the White Slavers" in the Cleveland area, with others, not only controlled the procurement, training, distribution, and discipline of women for his trade in Ohio, but also farmed them out into other states as well. Young girls, some of high school age, were recruited.

A typical case is that of a young girl. We will call her Marjorie Adams. She was only 16 when she met Morei, and, two years later when she was hospitalized for an operation, he volunteered to pay a portion of her hospital expenses. He did in fact contribute \$140 for this purpose. Hardly a charity, however, was this contribution by Morei but rather a shrewd investment. On her release from the hospital, Marjorie was told by Morei that he expected her to pay the hospital bill by working as a prostitute. Morei also prevailed on Marjorie's sister to work in the same capacity to help repay him.

After working briefly in houses of prostitution in Sandusky and Akron, Ohio, Marjorie was sent by Morei to Lorain, Ohio. Here she worked for a period of approximately seven months and turned over substantially all the proceeds of her prostitution to Pete. When interviewed by Special Agents of the FBI, Marjorie stated she earned a minimum of \$75 weekly during the period. In September, 1942, the entire group involved in this ring was brought to trial and received substantial sentences.

That these activities take many forms and involve men and women of various occupations and incomes is illustrated by the long and lucrative career of Dr. Anna Swift, purveyor of prostitution on a grand scale, which was culminated on June 17, 1943, following an intensive investigation by Special Agents of the FBI. Anna Swift drifted into the business of prostitution by way of the

legitimate path of a professional masseuse. Shortly after coming to the United States from her home in Brunswick, Canada, in 1906, she became a governess. Later, she conceived the ambition of entering the massage business. She served her apprenticeship with a New York concern and from 1912 to 1914 operated as a professional masseuse in New York and Paris. From 1914 until July, 1940, she operated the Danish Institute in New York, posing as a masseuse, but was actually manager and owner of one of the most elaborate of brothels.

Her life during this period was interrupted sporadically, but only for short periods, by ten arrests under local prostitution statutes, and her total jail sentences for these violations amounted to six months.

In April, 1941, after serving 90 days in the Women's House of Detention, Anna Swift left New York and secured a home in a fashionable residential section in Maryland near Washington, D. C. She continued to operate her business, seeking to reach the monied clients available in Washington's higher-class hotels with the aid of bellboys and other personal contacts in the city. In carrying out her business, she sent her girls across the District line in violation of the White Slave Traffic Act.

At the height of her activities in New York, Anna Swift maintained one of the most luxurious establishments of its kind. She kept complete records of all her clients and went to the extent of having prospective customers investigated by private detective agencies, both for the purpose of ascertaining their financial status, as well as to avoid being involved with the law by evidence obtained through an undercover officer. Her house, though actually little used for professional massage purposes, was equipped with the very finest paraphernalia of the business, and the most up-to-date electrical apparatus and furnishings were maintained there.

Catering always to the well-to-do, the personnel of her house was periodically changed and fees paid by her substantial clients were consistently in the \$25 to \$50 range.

In passing sentence on June 17, 1943, Judge Matthew McGuire of the District Court for the District of Columbia remarked: "I have read the report of the Federal Bureau of Investigation in this case. It is one that you would hesitate to read twice. This case is commercialized vice of the rankest, deepest and lowest form. This woman is charged with a crime that is a stench in the nostrils of decent people in a civilized community. She is a hypocrite and I am going to send her away."

During the fiscal year 1943, and the first seven months of the current fiscal year beginning July 1, the FBI was responsible for 751 convictions involving violations of the White Slave Traffic Act.\*

Early in 1941, the Congress of the United States began taking into consideration possible steps toward legislation which would limit and control the practice of prostitution in areas adjacent to military establishments and convenient to the military personnel. The preoccupation of Congress with this matter was motivated by the development and enlargement of the military forces and the concentration of large contingents of soldiers and sailors at established or newly-developed camps, stations, or cantonments. An additional development was the influx of a large number of workers to industrial centers for the production of war materials. The health of these large numbers of citizens, both military and civilian, was of great concern, and the possibility of the moral and physical breakdown which would follow the spread of prostitution and venereal infec-

\* Convictions on such charges for the fiscal years 1943 and 1944, and for the first four months of fiscal year 1945 come to 1,023.

tions was given considerable attention by Congress. This attention resulted in the introduction by Congressman Andrew Jackson May on January 20, 1941, of a bill calculated to repress prostitution in the military areas. The bill became Public Law No. 163 on July 11, 1941.

The May Act is invoked by the respective branches of the military service on the basis of information, recommendations, and requests from military and civilian sources. For example the Army, in considering the possibility of invoking the Act, has followed this approximate procedure: A Post Commander, aware of a rising venereal disease rate among his personnel, confers with local police authorities, acquainting them with details and requesting their particular assistance in eradicating vice conditions in the area adjacent to his military establishment. If, within a reasonable time, the situation is not eradicated, the Post Commander refers the matter to his Corps Area Commander, who then requests the Social Protection Division of the Federal Security Agency to have a survey made of vice in the area. If the condition is then not corrected, the May Act is invoked by the Secretary of War, restricting a certain area within the vicinity of a camp, and the FBI is requested to conduct an investigation.

Two areas which have been declared restricted illustrate this procedure: the first at Camp Forrest, Tennessee, and the second at Fort Bragg, North Carolina. In the initial investigation conducted in the Camp Forrest area, the threat of Federal enforcement resulted in the cleaning out of many centers of vice in central Tennessee and brought about an overnight exodus of prostitutes to points outside the area in which the Act was put into effect. In Nashville, vigorous action by the Police Department resulted in the closing of houses of prostitution, honky-tonks and taverns. Following the enforcement of the May Act in this area, venereal disease infections among servicemen registered an amazing drop—from 61 per thousand to sixteen per thousand. At Fort Bragg, North Carolina, this Act was invoked on May 21, 1942, with similar results. The activities of Special Agents of the FBI in these two areas, up to January 31, 1944, brought about 784 convictions of prostitutes and procurers.

However, experience everywhere, including areas in which the May Act has been invoked, shows that withdrawal of FBI agents for urgent duty elsewhere, and a letdown in state and local law enforcement and court action is followed by an increase in prostitution activities and venereal disease rates. In cleaning out such areas it does not appear that a "sob sister" or psychological approach will capably handle the situation. It is only by vigorous and continuous enforcement of the law that you can hope to succeed. United action throughout the nation by all agencies, governmental and voluntary, is essential for protection of the health, welfare and efficiency of our armed forces, industrial workers and other citizens against this "business" which exploits both women and men.

There are broader aspects of this problem relating to sexual

promiscuity which demand consideration. I wonder how many people, when speaking of *juvenile* delinquency, realize fully that *adult* delinquency is responsible. Look at the record of 1943. During this year, age eighteen predominated in the frequency of arrests for both sexes and was followed in frequency by ages seventeen, nineteen, twenty-two and twenty. For males, however, age seventeen predominated, this being the lowest age for boys since 1932. While arrests for boys under twenty-one years of age declined 7.6 per cent in 1943, arrests of seventeen-year-olds increased 27.7 per cent.

Arrests of girls under twenty-one for offenses against common decency increased 56.9 per cent. Arrests of girls eighteen years of age increased 54.3 per cent, while for the age of nineteen, the increase was 52.9 per cent. At age seventeen for both sexes, there was an increase in arrests amounting to 30 per cent in 1943. For age seventeen and lower ages, the combined increase for both sexes was 26.3 per cent. For girls under twenty-one, during 1943, there was a 74.8 per cent increase in prostitution and commercialized vice, for other sex offenses 51.6 per cent, for disorderly conduct 67 per cent, for drunkenness 30 per cent, and for vagrancy 59.6 per cent.

There are many contributory factors in the upswing in juvenile crimes. There is a general spirit of "after me the deluge." In many instances, homes have been broken up, with one parent in the service and the other in a war plant. Many young people now employed in war plants are receiving enormous salaries. Never having been taught how to handle money or realize its value, they now spend it through frequenting night clubs, buying liquor, visiting houses of prostitution, and similar activities.

In order to cope with the situation, it must be fully brought home to civic organizations, parent-teacher associations, schools, and churches. At present, though winning on the war front, we are losing on the home front. If immediate and drastic steps are not taken to curb the craze among our youths, this drift to delinquency will become a veritable tidal wave of crime that might well undermine the very foundation of our great Nation.

A few public-spirited citizens throughout the country have recognized the dangerousness of present conditions and have taken steps to curb the temptations of youth by organizing clubs of various types which offer clean, wholesome entertainment to the grade-school and teen-age youths. But this is not enough. Complacent citizens must be aroused from their lethargy and "don't-want-to-be-bothered" attitude. They must be jarred into shouldering their civic and domestic responsibilities. And one excellent way of accomplishing this is by rigid and strict enforcement of all laws or ordinances pertaining to juveniles, laws pertaining to the restriction of vice in communities, and especially gambling and liquor laws.

Violations of vice laws, gambling laws, and liquor laws are sometimes so flagrant in our communities that youth cannot avoid having knowledge of the violations. Such an open disregard for law on the part of adults cannot fail to develop in youth a cynical attitude

toward law and order. It is of vital importance that police officers, prosecuting attorneys, juries, and judges in every community in the land see that violators receive their just deserts. A policy of strict enforcement is necessary if we are to maintain the majesty of the law.

Many citizens are sidestepping the problem in much the same manner as they are sidestepping any responsibility in the conduct of the war. They are selfishly interested only in their own petty inconveniences. They have no one near and dear to them involved. We are living in an era where all citizens must pull together for God and Country. If government, religion and morality break down, it is only a brief step to national disintegration and dissolution.

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### The Community Is on the Firing Line

It is right that the community should take up arms in the battle against VD, for it is as true today as ever that soldiers, sailors and war workers become infected with syphilis and gonorrhea not while in camp, on ship or at the shop bench, but while they are off-duty in civilian surroundings.

Here, then, is where the conditions which favor spread of VD infections must be fought relentlessly, with skill and courage. And in our democracy, a community will have no better program for the control of venereal diseases, the repression of prostitution and for the training of youth to live full and useful lives, than the citizens of that community want and are willing to support.

*As a responsible member of your community, do you know what your hometown needs to do? And is it being done?*

The broad social hygiene attack, geared to wartime and postwar needs, should include:

#### *Medical and Public Health*

Adequate facilities to find, diagnose and treat venereal infections.

#### *Legal and Protective*

Adequate laws, and law enforcement, to repress prostitution, to protect marriage and babies from infection and to safeguard youth and their environment.

#### *Education and Public Information*

Information concerning the nature of the venereal diseases, their cause, means of spread, treatment and cure. For personal protection and to build sound public support for all measures needed for prevention and control, including repression of prostitution, all should know the facts.

Education for young people regarding the normal function of sex in life, and training for happy marriage and successful human relations.

Your community may need to do more along some of these lines, and remember—

### **Your Community Is You**

from *Calling All Communities!*  
ASHA Pub. No. A-575, announcing *National Social Hygiene Day* for 1945

## THE POLICEWOMAN'S ROLE IN SOCIAL PROTECTION\*

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Although the first policewoman was appointed in 1907, it was not until the period of the first World War that there was any general acceptance of the need for women with police powers to deal with youth. The lay women's organizations, interested in providing this service, recognized from the beginning the need for skilled social workers in this field. Social workers, however, worked in ways which seemed strange to police officers, with the result that the natural resistance to the appointment of women to work in a men's organization was strengthened by inability to understand the methods and objectives of women who were appointed. The fact that public social work of any type during the early nineteen hundreds was considered by social workers as less desirable than work in private agencies, made it difficult to recruit the most desirable workers, so that the urgency of the first World War was needed to give impetus to appointment of policewomen and make a patriotic appeal to interest qualified women. Most cities which appointed policewomen during this period retained them, but there were not a great many new appointments until World War II brought renewed emphasis on youth problems.

In different parts of the country one finds police departments which have employed policewomen so long that most of the men have no conception of a department without women officers; and policewomen's bureaus which have been so long accepted in the community program of youth service that their work is no more commented on than that of other established agencies. Police chiefs also have come to appreciate the need for officers with special skills to work with youth, as evidenced by their recent request that the Federal Children's Bureau assist them in setting up national schools for the better training of officers doing this type of work.

During the past ten years, there has been a marked trend in police departments toward broader service, and policewomen's bureaus have become "youth protective bureaus" or "crime prevention bureaus," with both men and women police officers. The action of the International Association of Chiefs of Police in attempting to standardize service to youth in police departments is heartening, because of the recent increase in problems of juvenile delinquency. Heartening especially because whether other workers in the youth field recognize it or not, the fact remains that police officers are a part of service to youth and effort, therefore, should be directed to making it an efficient service.

\* A paper given before a session on *Social Hygiene and Social Protection* at the National Conference of Social Work, as arranged by the Conference's Special Committee on Social Hygiene, Ray H. Everett, Chairman, at Cleveland, Ohio, May 23, 1944.

The figures most frequently used in discussing juvenile delinquency are figures on Juvenile Court complaints. To give you some idea of the difference between Juvenile Court complaints and police contacts, I mention the following:

In 1943, in Detroit, policewomen contacted 8,936 girls between 10 and 17 years of age. During the same period, 450 complaints were filed in Juvenile Court on girls in this age group. The Juvenile Court complaints were for the entire area of Wayne County, and the police contacts for the City of Detroit, which alone makes the difference even more marked.

These figures show the extent to which the police enter into work with youth problems. Their work is peculiarly significant and their contact important because so often the police officer is the first youth worker with whom the child makes contact, and in many cases, the only one, since a high percentage of contacts are adjusted by the police (fifty per cent in Detroit, and more elsewhere).

I accepted the subject assigned to me with the understanding that social protection should be interpreted in a broad enough sense to cover the conduct problems presented by all teen age girls, and not be limited to any specific group, because the policewoman works with the larger group.

In discussing the work of policewomen, necessarily I must be influenced by my own experience in organizing and directing a group of women officers over a period of twenty years, during which time the number has increased from 16 to 64. Of the 22 officers appointed since 1940, all but two are college graduates, most of whom majored in sociology. These two are nurses with experience in public health nursing. Ten of the 22 were trained for social work, nine for teaching, and one for secretarial work. Appointment is by competitive examination. The fact that our initial salary is high, \$2,829, has made it possible for us to interest women with some background of experience in their respective fields.

Policewomen work both with individuals and with community conditions which present hazards to youth. Once accepted by the men officers, the policewomen find themselves a part of an organization which is reaching into every part of the city, during every hour of the day, every day of the week. It requires but little effort to develop in the men of the department a feeling of obligation to concern themselves with youth in hazardous situations, and to be on the lookout for conditions which are harmful. The men officers will do this with greater enthusiasm if there is within the department a special bureau to which they can refer the problems coming to their attention, since they necessarily feel themselves inadequate to meet these problems.

The first duty of the policewoman is identification of the young person who is in a hazardous situation, and because her numbers in any police department are small, she must extend herself in any way that she can. Men officers are her first resource, but there are many others and a considerable part of her success depends on her ability to secure this help.

The inexperienced young girl, coming to a new community, generally does not go to an organized agency for advice or direction. The Information Center in a Public Library is rarely consulted. Some come with letters from their pastors and make church connections, many more do not. These young girls consult the bus driver, a fellow traveler or the person who gave them a lift on the road. They go to centrally located cheap hotels or rooming houses. They attach themselves to seemingly more experienced girls whom they meet in eating places, in public parks, at work, or who sit next to them in a movie theatre. These, therefore, are the people whom the policewoman must learn to know. Bus drivers, taxi drivers and truck drivers must be contacted in groups and, when the opportunity presents, individually; employees in terminal stations; attendants in public rest rooms; news stand operators; managers and waitresses at eating places; operators of rooming houses, hotels, theatres, dance halls, cabarets and bowling alleys, all serve as resources and the policewoman must enlist their help in protecting young girls from undesirable experiences, if she is to succeed in serving those she most needs to help.

Much of the educational work which brings about this cooperation, is carried on as a part of other activities. A good contact while making search for a missing girl; a word of appreciation when it has been earned; an extra few minutes to explain what the police-woman is trying to accomplish; a report back that a girl has been successfully planned for, take little extra time, but bring good results. When policemen are picking up and are bringing young runaways to the woman's bureau before they are reported as missing, when officers observe and report danger spots in the areas in which they work, when girls, obviously young and unprotected, are reported to the woman's bureau by landlords, taxi drivers, employers, waitresses or older girls, then the director of a policewoman's bureau can feel that good resources are being built up, and that youth in the community is being given some measure of protection.

Along with the development of these resources, however, the police-woman must make her own observations. Because much of this observation must be made at night, and because it does not work out well to keep officers on night duty continuously, a certain rotation in personnel is inevitable. Since, however, it is agreed that in this work of identification, officers should be assigned in teams, it is possible to provide some continuity. Maps are developed on which questionable places and points where youth congregate are indicated; note books, in which helpful information of a permanent and also of a temporary character is kept, are prepared and kept up to date for each area. This work of going out to find girls who may be in dangerous situations is so intangible and its success depends so much on the individual, that a high type of worker is required as well as good leadership and close supervision. This type of work under no circumstances can be done satisfactorily unless the officer is so well trained that she feels security in her sure knowledge of how to handle any situation which may arise and has assurance

of the full support of her superiors. The ability to make quick decisions, to meet efficiently any emergency, to deal understandingly with disturbed people under difficult circumstances is required of every policewoman.

Recently, in Detroit, we have been experimenting with teams made up of a policewoman and a policeman. These officers work during the late night hours, coming on duty at 10:00 in the evening and working until 6:00 in the morning. They are assigned to the central part of the city, to public parks and areas especially frequented by young people. The experiment resulted from the fact that almost invariably the contacts are with boys and girls and a man and woman police team seemed better suited. The men officers are not especially trained, but are carefully chosen and selected because of skills which they have evidenced in handling youth. The two teams with which we began the experiment last summer, at the request of men executives, have been expanded to four, and we all feel well satisfied with the results obtained.

The second duty of policewomen in protecting boys and girls is to inspect places of commercial recreation, and particularly to concern themselves with violations of laws which protect youth. Efficient managers, who operate desirable places, should be commended and supported; inexperienced ones who are making effort should be given help; wilful violators should be prosecuted objectively, but with determination and intelligent use of every resource. In this field also the policewoman must constantly endeavor to extend her usefulness by educating managers to an understanding of the fact that it is to their advantage to operate within the law. An operator who conforms only when he thinks he may be observed has the opportunity to do much harm before he is finally eliminated, but a licensee who has learned that it is to his advantage to operate a decent place, will do so at all times and much will have been gained.

The third thing for policewomen to concern themselves with is prosecution of individuals who exploit women for immoral purposes. The reports of FSA Division of Social Protection show encouraging progress in suppression of commercial prostitution. Nevertheless, policewomen know that they must be constantly alert to prevent individuals who have found commercial prostitution a profitable business from re-establishing themselves. The policewoman must learn to recognize procurers and panderers. This is accomplished by arranging for her to look at arrested persons in the police show-up, the purpose being to make it possible for the policewoman to watch these individuals if she sees them under suspicious circumstances. In cities where all young girls contacted by policemen are turned over to policewomen, information is frequently obtained which leads to prosecution of individuals who have committed crimes against them. The men who made the contact and the policewoman then find it desirable to collaborate in the preparation of the criminal case, because the policewoman will have won the confidence of the girl and her cooperation in prosecution will depend on maintaining

this confidence. Gradually, policewomen become very skilful in the preparation of these difficult cases and their help is eagerly sought.

With the suppression of commercial prostitution, the problems growing out of pick-up contacts, where there is no money transaction, have come to the front. Records of the Woman's Detention Quarters, where all arrested women in Detroit are held, show that only about one-half as many women were referred to the Department of Health for examination in 1943 as in 1942. This is due to fewer commercial prostitutes arrested. It is a known fact that many former prostitutes are now employed in industry. With the lesser number of cases, however, the incidence of infection has increased, indicating that the younger girl, the clandestine type prostitute, is less experienced in protecting herself.

Many different efforts are being made in different cities to control this problem. My own feeling is that fairly good results are obtained from the type of patrol service which I have described. A part of this service, of course, must be constant prosecution of individuals who contribute to the delinquency of, or are immoral with a girl in the age group which is legally protected. When members of the military services are involved in these practices, efforts to control the situation must be cooperatively developed with the military authorities and their police divisions. A knowledge of military rules and regulations and the position of members of the armed forces who violate civilian laws, as well as provisions for handling these problems, is necessary for every police officer, man and woman.

I have discussed methods of contacting girls and prosecution of individuals who commit crimes against them, but have said nothing so far about the girls contacted. These girls come to our attention either through identification by the police officers, as I have indicated, or are brought to our attention by members of their families, employers, friends, interested citizens, social workers, teachers or sometimes the girl comes herself to ask for help. Our intake is about 1,200 cases a month. I am going to use two cases to illustrate how we work with these girls, because I think it will give a clearer picture than I could give in any other way.

The first case came to our attention early this month, when two policewomen were checking rooming houses in a cheap transient area. They observed a girl who appeared young, going into one of the houses. The landlady of this house was a person whom the policewomen were working with, but of whose cooperation they were not yet sure. They stopped and asked whether there were any girls with whom the land-lady would like them to talk. The woman said that there were no young girls in the house. When the policewomen asked to speak to the girl who had just come in, they were assured that she and her friend were 18 or 19 years of age. The woman was sure because she had questioned them carefully since they had looked young. She said that both girls were employed, but that only one was there because the other one had gone home for the week-end. They had been there several days. The policewomen insisted on talking with the girl who proved to be 15 years of age. She said that she did not know where her friend was, but was sure that she was coming back. The first girl was taken into custody and the landlady, considerably disturbed, agreed to telephone policewomen if the other girl came back. She carried out her agreement and policewomen found a second 15 year old girl and brought her to the office of the woman's bureau.

It was learned that the girls were runaways from a small town in Ohio, and both were held in the Juvenile Detention Quarters. They told policewomen that they ran away because one girl was unhappy in a home where there was a stepmother and the other wished to escape continuing in school. They arrived in Detroit with twenty-five cents between them, asked someone at the bus station to direct them to a good, clean place to stay, and were directed to one of Detroit's most expensive downtown hotels, which was a few blocks from the bus station. They gave their twenty-five cents to the porter who carried their bag into the hotel and registered in an \$8.00 room. One girl said she was so worried she was unable to sleep, but the other enjoyed a good night's rest and then ordered breakfast sent to their room.

After breakfast, the girls went out and walked about for some time, trying to make up their minds what to do. They finally approached a middle aged man on the street. They told him their situation and asked his help. He gave them the money to pay their hotel bill, went back to the hotel with them and took them in his car to the rooming house where policewomen found them. He sent one girl into the rooming house to inquire about rooms and then gave them ten dollars to pay a week's rent and buy food. He took them out to dinner once after this, inquired about their efforts to secure employment, but made no advances. They told him they were eighteen years old. Physical examination showed that neither girl had had any sexual experiences. The man was later identified as a responsible business man. The girls easily got work and were getting along so well that one of them went back to try to get some of her clothes. She succeeded in doing this without contacting her family. Both girls were released to their fathers who came for them. Because there were no case treatment agencies in the small town in which the girls lived, a policewoman, who is an experienced social worker, spent a great deal of time with the girls and their fathers, and in as far as possible in the limited time, a real effort was made to adjust the problems.

The hotel was warned, employers warned in regard to hiring without working papers, the man who befriended the girls was made to see his mistake, and we feel sure that another time he will bring a girl to the woman's bureau. These girls were returned to their homes without serious harm having come to them. The very capable one, who was the leader and who had wanted to escape school, left Detroit determined to go to college so that she could become a policewoman. Had not policewomen contacted them, however, they could hardly long have escaped harmful experiences, and had there been no policewomen there would have been no other agency to make such a contact.

The second case came to us recently at 3:00 o'clock one morning, when a mother reported that her sixteen year old daughter, who, with a seventeen year old girl friend, had gone out to a theater, had not returned home. These girls were not as fortunate as were the girls in the previous case. Policemen found them in the early morning hours in a downtown alley. They were very intoxicated and could not be interviewed for several hours. Later, they told policewomen of having loitered around a downtown bar. They were approached by two men. The seventeen year old said she knew them, but this was not true. The girls accepted the invitation of the men to go to have a drink, the sixteen year old led on by the seventeen year old. Neither could tell where they went because they took a taxi there. During the evening, they drank in other places. Later, they drank in the men's rooms. The girls' recollection of the evening was so vague that it was evident that they were early under the influence of alcohol. They could not recall how they got to or left the men's rooms, and could give no information which would help the police in identifying either the men or the places to which they went.

The seventeen year old was known to policewomen and had previously been referred by them to a case treatment agency. After consultation with the agency worker, a complaint was filed in Wayward Minor Court. The sixteen year old girl's parents reported no previous difficulty. Seemingly, this girl was influenced by the friend whose acquaintance she had recently made. An unfortunate result of the experience was that the sixteen year old developed a venereal infection. The parents of this girl are intelligent and interested and are making effort to deal wisely with a very disturbed and depressed

daughter. The policewoman is in touch with the family, and if it seems necessary, later, the help of professional case workers will be requested.

Any of the 8,936 teen age girls contacted by policewomen last year could equally well have been used to illustrate the work. Each girl presents her own problems and wherever capable, well qualified policewomen are doing good work, each girl is approached as an individual and her problem worked out on a case work basis. Venereal disease is considered as just one of these problems, the treatment of which requires knowledge of additional resources.

Case work is short time interviewing, diagnosing of needs and adjustment or referral of problem. Policewomen work both with case treatment agencies and with group work agencies. It is required of them that they have comprehensive knowledge of treatment facilities. In-training programs are directed toward developing the finest techniques in interviewing and a wide knowledge of resources. Interviews must often be conducted under difficult and handicapping conditions, with urgent need to establish early good rapport because arrests and prosecutions are involved and such action cannot await favorable interviewing conditions.

The conflicts and misunderstandings which occur between police-women and case workers in some cities, are not necessarily due to the fact that the policewomen in that city are not trained social workers, but may well be due to the fact that their work takes place on such different levels. A policewoman contacts a girl and refers her for case treatment service.

She may see the girl stimulated by alcohol and sexual excitement. The case treatment worker sees the girl under quite different circumstances. Where there is the mutual respect and understanding, which grows out of frequent case conferences, the interpretation of the policewoman is of help to the case worker, and the evaluation of the case worker, after her longer contact, is accepted by the police-woman. Where there is not this respect and understanding the service is greatly handicapped.

Nineteen hundred and forty-three recorded a large increase of juvenile delinquency. The Detroit woman's bureau figures for the ten to seventeen year age group show a 62.6 percentage of increase over 1942. It is encouraging, however, that the first three months of 1944 do not show an increase over 1943.

The policewomen know that these youth problems are not new; that they are deep rooted in our social structure. They also appreciate that times of stress and dislocation increase these problems and color them with their own complexion. They see, in today's problems, youth uprooted, sensitive to the tension of adults, blinded by the offer of high wages, conscious that all of life's experiences may need to be crowded into a few years. They are, therefore, understanding of and patient with conduct which is so often in conflict with established procedures. They are close to the suffering, however, and for this reason they must regret that there was not greater forethought so that some of the hurt and waste might have been avoided.

## CANADA'S FOUR SECTOR PROGRAM IN ACTION

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With the creation, early in 1943, of a federal Division of Venereal Disease Control within the Department of Pensions and National Health,<sup>1</sup> the need for a basic national plan became an urgent consideration.

Since it was apparent that the success of a venereal disease control program would depend largely upon strong community support, the problem resolved itself to finding a cooperative plan of action for the principal community influences. Thus was conceived the "four sector Canadian front against venereal disease" which, it was envisaged, would unite with a singleness of purpose, the health, welfare, legal and moral forces of the nation.

The function of each sector was—and is—of course, to take the offensive with the weapons peculiar to its own particular method of attack. In *Canada's National Health and V.D. Control*<sup>2</sup> this is described briefly, as follows:

"Waging unrelenting war on the health sector, with the weapons of modern medical science and public health procedure, will be the physicians, nurses, health departments, university medical training centres and hospitals. Leading the attack on the welfare sector will be social workers and welfare agencies armed to battle squalor, over crowding, inanition, neglect and insecurity. Directing a vigorous, unrelenting, sustained action on the legal sector are the courts, the legal profession and police agencies, whose action seeks out and brings to justice those who, for personal gain purvey to men's weaknesses. On the moral sector the battle is led by the churches and homes of Canada, strengthening the moral fibre of our nation and upholding the sanctity of marriage and family life."

At the first national venereal disease control conference held at Ottawa in December, 1943, the "four sector front" was adopted officially by the representatives of the provincial and federal health departments.

The federal Division of VD Control, it should be noted, does not engage in local-level activities, but channels all services and materials through the provincial departments of health. The provinces assume complete responsibility for the development of VD control measures in their respective jurisdictions.

<sup>1</sup> Recently changed to "Department of National Health and Welfare."

<sup>2</sup> From "Canadian Journal of Public Health," June, 1943.

*How the "Four Sectors" Operate*

*Health Sector*

The health sector has six chief objectives:

1. Wholesome, dignified health education concerning syphilis and gonorrhea.
2. Adequate diagnostic and treatment facilities for all persons suffering from venereal disease.
3. The suppression of quackery and charlatany in the treatment of venereal disease.
4. Early adequate prenatal care including blood tests for expectant mothers to prevent the tragic infection of babies.
5. General health examination including blood tests for syphilis before marriage.
6. Contact tracing.

During the past year and a half, particularly, the provincial authorities have devoted considerable effort to developing this "six-point strategy."

Education has received unprecedeted attention. In many of the larger centers in Canada, aggressive campaigns have been carried on by Junior Boards of Trade in cooperation with provincial and local health departments. As a result of these intensified programs, most Canadian citizens are now aware of the gravity of the venereal disease problem. Long-range, education-for-action programs will capitalize fully this favorable public interest. (See frontispiece.)

Diagnostic and treatment facilities, through private physicians and clinics, are being constantly improved and expanded. Professional education is making available to the busy doctor, in a variety of time-conserving forms, news of current developments in the medical and public health fields.

In addition to prenatal and premarital blood testing, which are high-lighted in all VD education, more and more emphasis is being placed on pre-employment and periodic blood tests as part of a sound industrial hygiene program, and in order to uncover hidden syphilis. Industrial workers in every part of Canada, are currently viewing the film *Fight Syphilis*—the circulation of which has been arranged by the Industrial Circuit of the National Film Board. Reports indicate that the interest in this film is very high, and it is reasonable to assume that it will help pave the way for a national acceptance of blood testing as a necessary and normal routine procedure.

Recognition of the importance of contact tracing is evidenced by the fact that the majority of the provincial health departments sent selected members of their public health nursing staff to two special three-months courses in epidemiology conducted by the Montreal School of Social Work. The results have been nothing short of

dramatic in a number of instances. One of the greatest aids to civilian case-finding has been the Armed Forces policy of reporting to the provincial authorities all contacts to infected personnel.

#### *Welfare Sector*

One of the outstanding examples of the welfare sector in action is the Council of Social Agencies of Greater Winnipeg. Among the first voluntary agencies to mobilize its resources on a four-sector basis, the Council organized a Social Protection Committee with subcommittees comprising specially qualified consultants in each field. The recommendations of the Committee were placed before the appropriate authorities, and for the most part, were acted upon.

The welfare sector is linked so intimately with general socio-economic problems that the actions of civic authorities, legislators, and others who influence the welfare of our citizens will determine much of the progress in this field. For this reason, every effort is being bent to acquaint key citizens with the basic problems associated with venereal disease in order that their plans will include remedial measures.

#### *Legal Sector*

Of great significance to the Canadian VD control program, was the following resolution, passed at the 1944 convention of the Chief Constables' Association of Canada :

WHEREAS, It is recognized that venereal disease is Canada's greatest public health problem, and is of such proportions that it seriously affects the efficiency of the nation both in war and peace, . . .

WHEREAS, The police of Canada are primarily concerned with the law enforcement aspects of venereal disease control.

THEREFORE, BE IT RESOLVED THAT the Thirty-ninth Annual Convention of the Chief Constables' Association of Canada, . . . endorses the present Canadian program against venereal disease.

BE IT FURTHER RESOLVED THAT since it has been proven that commercialized prostitution is the greatest reservoir of venereal disease, this Association urges that vigorous action be continued against prostitution in all its aspects.

In most Canadian cities, the sincerity of this viewpoint has been demonstrated through its practical application to specific problems. Perhaps the clearest illustration of what determined police and court action can accomplish in suppressing prostitution is the experience of Quebec City. In the Fall of 1943 the number of infections being acquired by army personnel in the Quebec City area was substantially higher than the average army rate. Following a conference of armed forces and civic officials, the Quebec City police and courts adopted stern measures in handling the prostitution problem. Jail sentences instead of fines became the order of the day. Within two months the army rate in this area dropped by 50 per cent.

Increasing emphasis is being placed on the role of "facilitation" in the spread of venereal disease. A recent Canadian Army survey of sources of infection revealed the following :

(a) <i>Places where pick-ups occurred:</i>	
Dance-halls . . . . .	13 per cent
Restaurants . . . . .	19 per cent
Streets . . . . .	24 per cent
(b) <i>Places where exposure occurred:</i>	
Hotels . . . . .	22 per cent
Rooming houses . . . . .	21 per cent
Homes . . . . .	17 per cent

With information such as this, the army has made available to the provincial health authorities a strong weapon with which to take action against offending premises. Voluntary cooperation is first sought. If this is not obtained, the threat of suspension or cancellation of license usually suffices.

As these statistics point out, much of the sexual adventuring and subsequent venereal infection among young people today is traceable to casual meeting in irresponsibly-managed recreational, and other, places. Intensive public education is, therefore, being carried out to show the undesirability of these "hot spots," and stress the need for community action in providing not only wholesome, but thoroughly *enjoyable*, substitutes.

#### *Moral Sector*

Canada is fortunate in having the active support of its Churches in the fight against venereal disease. In addition to their roles as spiritual counselors, they have given much strength to the other three sectors by spontaneously urging the adoption of premarital and prenatal blood tests, as well as community control measures, for the protection of the family group.

The fullest cooperation of parents and schools is, of course, being sought.

#### *"Four Sector Front" a Practical Plan*

The four sector front against venereal disease has been in operation in Canada for little more than eighteen months. But in that time it has proved its soundness. Without exception, community leaders, rallied under the four-sector banner, have responded magnificently.

The principal stumbling blocks to community action were usually, in the past, the well-meant assertions that "VD is strictly a *health* problem" or "It can *only* be treated as a *moral* problem." With the popularizing of the four-sector concept, few can fail to see that there is a place for *every citizen* on the battle-front against VD. Thus it becomes a truly cooperative undertaking, and as we know, true cooperation seldom fails.

## AN ANSWER TO A CHALLENGE

### HOW A HAWAIIAN SCHOOL UNDERTOOK VD EDUCATION

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"The new task which Principal Smith has just imposed upon the English department is a challenge. Shall it go unanswered?"

This was the closing paragraph of an article entitled *A Challenge to English Teachers*, in a recent issue of the JOURNAL OF SOCIAL HYGIENE.<sup>1</sup> As I read, in a search for information on work done in mainland schools in venereal disease education, I hardly thought that this article would be used later in the year in Hawaii as the precedent and as the necessary encouragement needed for an English department of a large rural high school to launch a VD program.

An educational program in venereal diseases this year was started on the secondary level of Hawaii's schools through the cooperation of the Board of Health, Territory of Hawaii, and the Department of Public Instruction. As School Health Education Administrator, I was assigned to formulate and carry out the program.

A thorough search was made of available VD educational material. After a careful study of venereal disease education methods carried out in most states, those in charge of the VD program in Hawaii recommended that venereal disease work be presented as part of a study of communicable diseases, and preferably by science or health teachers. However, because the schools in Hawaii do not follow a uniform curriculum, even though they are under a central department, the insertion of venereal disease instruction had to be carried out on an individual school basis.

\* EDITOR'S NOTE: The *Challenge* to which this article refers pointed out ways in which teachers of English literature have opportunity to guide youth, as they learn, to better understanding of life generally, and of social hygiene objectives, especially of marriage and family relations, and including health as affected by the venereal diseases. Perhaps few English teachers, even with the backing of the departments of health and public instruction, would find it possible or desirable to undertake a project in venereal disease instruction such as is described by Miss Johnson here, but the JOURNAL presents it, nevertheless, as an outstanding example of constructive work, honestly and faithfully done with the tools and materials at hand, and apparently with excellent results. In social hygiene education, as in many other efforts today, when ideal conditions and equipment are not available, honor to those who "make do," as best they can, and get the job done.

<sup>1</sup> Steen, Alice M., *A Challenge to English Teachers*, JOURNAL OF SOCIAL HYGIENE, 27:391 (Nov.), 1941.

In the course of approaching the individual high schools on the island of Oahu, preparatory to introducing venereal disease instruction, a rural senior high school of 1,200 students, close to Honolulu, was contacted. Meeting the suggestion that work in venereal diseases be directed toward the maximum number of students in the most effective way possible, the principal and the school health worker named their English department as the one best qualified to obtain optimum results.

After careful consideration, having in mind the precedent mentioned above, it was decided that perhaps this approach was not too impossible or incongruous. It was realized that the search for and preparation of materials suitable for presentation in an English class would take much time and thought. It was also realized that the teachers would need help in securing the necessary background of knowledge concerning VD. But these difficulties did not seem insurmountable once the initial decision was made.

Shortly afterwards the Venereal Disease Control Officer, Board of Health, Territory of Hawaii, spoke to the school faculty, outlining the seriousness of the venereal disease problem and pointing out the importance of putting the program into the school. A period of time was then allowed for reflection on this presentation, while materials were accumulated for the teachers. When this phase ended, a meeting was arranged with the English teachers to discuss the possible approaches, the available teacher and student materials, and some teaching pitfalls to be avoided. A spirited discussion followed in which the attitude of the teachers was revealed as being frankly dubious and hesitant. The outlook seemed none too encouraging.

From November to January, the teachers were provided with plenty of materials for their reading and study and left to their own devices. At their luncheon meetings and rest-room periods, the teachers held informal discussions to help them clarify their thinking. Ideas began to crystallize and each teacher decided how she would handle the topic. The school health worker then arranged for showing of the films, *Health Is a Victory* and *With These Weapons*, as a means of introducing VD education into the English classes.

Various ways were used by the teachers in the classroom to develop the work. Some drew upon the historical and literary references provided them; others used the mental hygiene and communicable disease relationship; and still others taught it as a health project. Procedures used to carry out the instruction were lectures, outlines, readings, discussions, and themes.

When notification came that the project was completed, a meeting was arranged with the English teachers to hear the outcome. In view of the initial meeting, I attended this second one with trepidation and consequently was entirely unprepared for their not only enthusiastic but even effusive response.

In the lively discussion which occurred teacher reactions were given. As the project seemed such a success, it was felt that an analysis of the teachers' techniques would be worth while. Accordingly, written responses were sought from individual teachers. Student opinion was also sampled by oral questioning of casually selected students, and later by informal unsigned replies from various classes representing different grade and intelligence levels.

There was only one negative response from the teacher group. This person was definitely opposed to the work from the beginning and retained the same attitude throughout.

Excerpts from teacher and student responses:

#### *Presentation of the Material by the Teachers*

—"The biggest stumbling block was the approach to the presentation, and I finally decided that a general course on communicable diseases, with emphasis on syphilis and gonorrhea, would be the least embarrassing to both myself and my students."

—"Two lectures on syphilis and gonorrhea were given by the teacher. Reading by the class of pamphlets and other materials, was followed by class discussion. Movies and test completed the work."

—"I used the historical and literary backgrounds, beginning with Columbus and Henry VIII. Since my class was studying English literature, that approach seemed most appropriate to me."

—"Approach was made by a preliminary consideration of institutions and crime conditions and how the disease can play a part as a causative factor. Comparisons from a mental hygiene angle."

—"We frankly stated why we were presenting facts on VD."

#### *Teaching Techniques That Seemed Worth While*

—"I feel that a great responsibility rests on the teacher. She must know her subject well and give information to the class to supplement their reading."

—"I. An historical outline (with results). II. A paper written by each student."

—"Lectures, informal, combined with actual life situations. Research reading. Outline made of the phase of particular interest to each individual. Paper written and then follow-up with movies. Very satisfactory."

#### *Students' Attitudes*

(Given by teachers)

—"... I was amazed at the seriousness with which they view the whole matter. In many cases the boys who were the most troublesome in their general daily class attitude proved to be the most interested in the subject. Out of 112 students there wasn't one who leered, snickered, or expressed any emotion other than a serious interest and a desire to learn."

—"Very interested, cooperative and unembarrassed."

—"It was excellent. They were thoughtful, thankful and sincere."

—"Inspiring. Easy to carry on the campaign here because we were honest with our senior high school pupils and they loved the project."

*Significant Results Observed by Teachers*

—"As a general result of this project, I find that there is an increased interest in and feeling of responsibility about general community affairs. There is also an increased interest in new medical discoveries and a surprising amount of interest in military and naval methods of combating tropical diseases."

—"Lack of embarrassment in discussion of VD problems. I feel strongly there should be follow-up material in ethics, morals, and standards."

—"An aroused interest in VD as a community problem, as well as a personal one, resulted."

*Opinions Regarding the Experiment*

—"I would like to say in closing that I ended up by enjoying a project that I had dreaded and that my own fund of knowledge, both medical and education, is vastly increased."

—"I think it was exceedingly worth while."

—"Pupils are anxious to gain the confidence of their elders and to gain knowledge. The attitude of the junior and senior level in the high school was outstandingly intelligent."

—"I think it is a big step in a modern approach of a formerly hush-hush subject."

—"It is my opinion that this subject, if it is to be taught in the schools effectively, should be handled by a specialist, talking to groups segregated as to sexes, where more freedom will prevail. What educational justification is there for interrupting an English program in this way just because the federal government has some extra dollars? Is it education, or just blundering?"

*Students' Reactions*

(Given by themselves)

These student reactions were gleaned from unsigned, impromptu papers written at the close of the project. It is interesting to note that not one negative paper came in from the many student papers examined.

—"I believe that education is the best process in wiping out this type of contagious diseases."

—"I think this subject syphilis was one of the most important subjects I ever learned. It taught me many things that I didn't know in the past. I think every high school should teach about syphilis. In my opinion, teaching when they are young is one of the most important steps in preventing syphilis."

—"I think health is just as important as English, history or any other subject and there should be more lessons of health in our high schools."

—"If students are taught in school about venereal diseases, it would be better than having the young minds absorbing the things they hear from older persons who haven't been educated."

—"I don't think it's necessary to separate the boys and girls when this topic is being discussed because it concerns all of us."

—"I suggest that all high school students have a knowledge of venereal diseases. They will pass it on to their elders and to their future children, so thousands will be protected from venereal diseases."

—“The study of venereal diseases should be nationwide and a subject in the high schools of our country.”

—“Students who have parents unable to understand English may easily translate this and tell it to them.”

—“The school did not waste time by using a whole week for the study of these diseases as knowledge of these facts will help in building better men and women.”

In conclusion, I would say that the principal's faith in the effectiveness of his English department was justified. This trial showed us that work such as the inclusion of venereal disease material, which might be considered as extraneous to the English curriculum, could be taught effectively there. It was gratifying in that it was successful and bore out the contention of those of us who are working with the VD program here that the success or failure of school work in venereal disease education rests largely upon the school staff. From this trial project, we received many excellent suggestions which will aid us materially in the developing and strengthening of the school venereal disease educational program in Hawaii for the coming year.\*

\*Among the materials developed as teaching aids are three effective publications:

*VD Manual for Teachers.* A mimeographed 90 page handbook, prepared by Miss Johnson, Samuel D. Allison, M.D., Venereal Disease Control Officer of the Board of Health; W. Tate Robinson, Director, Health Education, Department of Public Instruction, and Elmer J. Anderson, Acting Director, Public Health Education of the Board of Health. Contents include *I. The VD Program*, a general discussion. *II. VD Information*, with references. *III. Teaching Aids*, with a suggested outline, and detailed information regarding films, lantern slides, posters, transcriptions, radio talks, etc., and where to get them.

*The Story of VD.* A 28 page pamphlet prepared by the same group for intermediate school pupils (but equally useful for other groups), showing by illustrations and brief, simple text that syphilis and gonorrhea are communicable diseases and how the average person may join in stamping them out.

*VD Information for High School Students.* A 32-page pamphlet prepared by the same group for use in the senior high school. It presents in an illustrated text the information needed by a student for a well-rounded understanding of the diseases, syphilis and gonorrhea, and the VD problem.

For further information about these or other materials address Division of Health Education, Department of Public Instruction, P. O. Box 2360, Honolulu 4, Territory of Hawaii.

## PHARMACY IN THE WARTIME EDUCATIONAL CAMPAIGN AGAINST VD \*

ROBERT P. FISCHELIS

*Chairman, Joint Committee of the American Pharmaceutical Association  
and the American Social Hygiene Association*

Stimulated by the activities of the Joint Committee of the American Pharmaceutical Association and the American Social Hygiene Association, pharmacists have continued to play a key role in 1944 in the wartime educational campaign against the venereal diseases.

The importance of the Joint Committee's program to the nation's wartime and all-time fight against these infections arises primarily from the fact that pharmacists, practicing their profession in this country's 50,000 or more drug stores, are in daily contact with millions of people, a considerable percentage of whom look on the pharmacist as a friend and counselor in matters of health. It has been estimated that a considerable proportion of the persons eventually going to a physician for treatment for syphilis or gonorrhea first mention their ailment to pharmacists. It is clearly important that pharmacists should be willing and able to give correct information and refer such inquiries to the proper sources of accurate diagnosis and treatment.

The Joint Committee has now been in existence for some four and one-half years.† By enlisting the interest and active support of a constantly increasing number of pharmacists, the Committee has been able to set national, state and local programs in motion, and to make substantial progress toward the goals it has set for itself.

A summary of the activities of the Committee since our last annual report follows:

1. Pharmacists all over the country participated in Social Hygiene Day programs during the month of February, 1944, by arranging window displays, distributing literature, speaking on radio forums and serving on community Social Hygiene Day Committees. In preparation for this event, complete kits of materials, bulletins and letters were sent to all secretaries of state pharmaceutical associations, secretaries of state boards of pharmacy, deans of pharmacy colleges, and editors of pharmaceutical journals. Approximately fifteen state pharmaceutical journals ran special articles on the social hygiene programs.

\* A report before the House of Delegates, American Pharmaceutical Association, at the Annual Meeting, Cleveland, Ohio, September 7, 1944.

† In addition to the Chairman, members are: Dr. Walter Clarke, Secretary; Theodore Campbell, Jr., A. G. DuMez, Adolph Jacoby, E. F. Kelly (deceased), Charles Kurtzhalz and Dr. Joseph E. Raycroft.

Connecticut pharmacists continued the outstanding work started in Bridgeport over a year ago under the leadership of Mr. Louis Kazin, who heads the public health activities of the Connecticut Pharmaceutical Association. The Connecticut Association voted to extend the Bridgeport program to the entire State and, working closely with the ASHA, the Connecticut State Health Department and the Connecticut State War Council, made considerable progress during the past year.

The New York State Pharmaceutical Association distributed to pharmacies 400 sets of window displays and 20,000 copies of the leaflet *A Tip from Your Pharmacist*. The State Tuberculosis and Health Association bought the window displays from the ASHA and sent them to their local societies, who in turn contacted pharmacists and arranged for these displays to be shown in their windows.

An outstanding contribution was made in New Jersey where the State Health Department and the State Pharmaceutical Association, in cooperation, provided each of the State's 1,800 drug stores with a counter display card produced by the American Social Hygiene Association, plus fifty copies of *A Tip from Your Pharmacist*, and arranged several broadcasts of a radio forum, under the title "With These Weapons We Can Win," in which pharmacists took part.

One hundred sets of pharmacy window displays were distributed by the Philadelphia Department of Health to pharmacists in the city.

The Executive Secretary of the Ohio State Pharmaceutical Association reported that his office distributed 1,100 copies of *Target for Today*, a circular high-lighting the objectives of Social Hygiene Day.

In Cleveland, Ohio, fifty druggists in Greater Cleveland requested posters and pamphlets published by the U. S. Public Health Service and the ASHA, which were made available through the Venereal Disease Control Officer, Dr. Roy L. Kile. Some of the larger chain drug stores agreed to display five-foot exhibits prepared by the Cleveland Health Museum.

Dr. L. Burkett, acting Executive Health Officer of Flint, Michigan, ordered 1,000 imprinted copies of *A Tip from Your Pharmacist* and 100 pharmacy counter cards which he made available to the pharmacists in his city.

2. More than half a million copies of *A Tip from Your Pharmacist* have been distributed by pharmacists to date, and the demands for additional copies keep mounting, thanks to the unflagging interest of the secretaries of state pharmaceutical associations, local health authorities, individual pharmacists and the public at large.

3. News releases and special stories have been prepared for publication in state, regional and national pharmaceutical journals. The ASHA's Annual Report, which included an account of pharmacy's contribution to the campaign against venereal diseases, was sent with

a special letter and news release to state pharmaceutical association officials, journal editors, pharmacy board secretaries, and deans of pharmacy schools.

4. Field representatives and officers of the ASHA, augmenting the efforts of affiliated societies and national headquarters, have established contact with many state and local pharmaceutical groups to enlist their support in community social hygiene programs. In many cases, they have stimulated state and local health officers to supply educational materials for distribution by pharmacists. Arrangements were made by the Joint Committee for field representatives to speak at several annual meetings of state pharmaceutical associations. Dr. Walter Clarke, Executive Director of the ASHA, gave a talk under the auspices of the Northern New Jersey Pharmaceutical Association, at the Rutgers University School of Pharmacy. Dr. Clarke also spoke at a meeting of the New York Branch of the American Pharmaceutical Association held at the Fordham University School of Pharmacy.

5. Dr. Ivor Griffith, President of the American Pharmaceutical Association, gave an address *Pharmacy Mobilized Against VD* as one of three speakers participating in a forum entitled, *New Contributions of Powerful Allies to Social Hygiene*, presented by the American Social Hygiene Association at the National Conference of Social Work in Cleveland, Ohio, on May 25, 1944. This program, presented by the Association as an associate group of the Conference, was sponsored by over thirty national and local health and welfare organizations, and Dr. Griffith's contribution to the program was considered an unusually effective presentation of the part that pharmacists can play in this important field of public health activity.

#### FUTURE PROGRESS

The activities of the Joint Committee of the American Pharmaceutical Association and the American Social Hygiene Association carried on thus far indicate that the greatest results will be gained in the future by developing the program along the following lines:

1. Production of new educational materials—leaflet and window display—to be distributed through cooperation of health departments and pharmaceutical organizations.
2. Steps to improve and extend the teaching of public health methods and communicable disease control in schools of pharmacy.
3. Special efforts to stimulate participation of pharmacists in all phases of Social Hygiene Day activities.
4. Preparation of news releases, graphic material and feature stories for pharmaceutical publications.

The Joint Committee believes that inclusion of representatives of pharmacy on Social Hygiene Society boards and committees, and on official state and local boards of health, health councils, etc., would greatly aid in the steady and permanent development of this work.

## EDITORIAL

### TOWARDS V-DAY IN THE WAR ON VENEREAL DISEASES

This year's observance of Social Hygiene Day—February 7, 1945—takes place at a time when conditions are more favorable than ever before for rapid advance on that sector of the social hygiene front which has as its objective the eradication of the venereal diseases—syphilis and gonorrhea—as a public health problem. Public interest is high, important achievements have been made in the methods of treating these infections, medical and public health facilities have been increased.

Much of this progress has been made because of the urgent wartime need to protect the armed forces, industrial workers and youth in general from the damaging effects of syphilis and gonorrhea. There now exist the continued need and the possibility not only to maintain gains already made, but to extend them through to victory and into the postwar world. Social Hygiene Day will provide an unequalled opportunity to intensify both current activities and long range planning upon which the success of your community's social hygiene program depends.

A fundamental consideration in all such activities and planning is that, in the final analysis, it is promiscuity which spreads the venereal diseases. Serious efforts must be made to combat promiscuity. An effective campaign to eradicate the venereal diseases and promote a constructive social hygiene program should include all sectors of the front: medical and public health, law enforcement, welfare and educational activities, character building, moral, social and religious influences.

It was with this in mind that the Association, in issuing the call for observance of *Social Hygiene Day* this year, put particular stress on the need to mobilize, in support of community social hygiene programs, the widest possible representation of all responsible community forces. Only in this way can the over-all program, which the situation demands, be implemented.

Elsewhere in this number of the JOURNAL \* the Social Hygiene Day Service outlines various types of programs which will help in this mobilization. The following notes may also be of help:

As an effective means of rallying wide interest in and support for your community's social hygiene program, it is suggested that a

\* Pp. 571-2.

**town meeting** be held. In the planning and carrying out of this meeting, bring together leaders in the fields of health, welfare, law enforcement, education and character building. Include other interested persons such as labor leaders, business men and pharmacists.

The effectiveness of such a town meeting—to which the general public is invited—can be increased by making it the focal point for **newspaper stories** before, during and after the actual day of the meeting, by publicizing it through **spot announcements on the air**, displaying **posters** in the town, by making it an occasion for distributing informative leaflets and the showing of films.

In addition to a town meeting it may be possible for you to help arrange and take part in an all day **regional social hygiene conference**.

The churches have always played an important role in preserving home and family life. Ask the clergymen of your community to consider delivering a **sermon** on either Sunday, February 4th, or Sunday, February 11th, on the subject of social hygiene. Offer to supply background material for their use in preparing an address.

Another means of observing National Social Hygiene Day is to arrange for **speakers** at February meetings of clubs and other organizations in your community.

Particularly during the past year, the Association's experience indicates that **industry**—both **labor** and **management**—is vitally interested in many cases in the social hygiene program, and willing to cooperate. Industrial groups offer a splendid opportunity for health education; furthermore, they constitute a tremendous potential source of support for the whole program.

Pharmacists are in a strategic position to bring reliable information to literally millions of interested persons. We suggest that you, in cooperation with your health department, **contact individual pharmacists**, local and/or state pharmacy organizations and arrange for distribution of display and leaflet material. You will find pharmacists receptive to this project.

A large section of the public can be reached during the period of Social Hygiene Day by arranging **radio broadcasts** featuring prominent persons in your town.

The Social Hygiene Day Kit of Program and Publicity Aids, available without charge to groups planning meetings, is intended to provide you with materials with which you can provide to both the general public and community leaders, information upon which they can take action.

In addition to aids for carrying out these program suggestions, the kit contains many other new publications. Look these over. Make use of them. Write to us for whatever quantities you need to increase the effectiveness of your observance of National Social Hygiene Day.\*

\* Many publications are free of charge. For prices on others, consult ASHA Pub. A-574, *Your Guide to Social Hygiene Day Materials*.

These are suggestions for community action and public information. These and other activities undertaken by you will do much to strengthen the year round social hygiene program, and will do much to bring us nearer to the day when VD will be stamped out.

This year provides a really great opportunity to move forward in the field of social hygiene. Let's make it register another strong advance towards

#### V-DAY OVER VD

### AMERICAN SOCIAL HYGIENE ASSOCIATION ANNUAL MEETING

#### *To the Association's Members:*

The Thirty-second Annual Meeting of the American Social Hygiene Association will be held in Chicago, Illinois, on February 7, 1945.

Sessions will be held as follows:

#### Business Sessions

- 8:30 a.m. Breakfast meeting. Committees and Board of Directors report on the year's work and Officers are elected for the ensuing year.  
11:00 a.m. Annual Business meeting (the public is invited).

#### General Sessions

(arranged jointly with the Illinois Social Hygiene League and the Chicago and Regional Committee on Social Hygiene Day)

- 12:15 p.m. Luncheon session.  
2:30 p.m. Afternoon session.  
8:00 p.m. Evening session.

Details of the program, including the accounts of the Committee on Awards presentation of the William Freeman Snow Medal for Distinguished Service to Humanity and Honorary Life Memberships, will appear in the March issues of the JOURNAL OF SOCIAL HYGIENE and the SOCIAL HYGIENE NEWS.

This call for the Annual Meeting is published with a special request, this year, for submission of advance comments, recommendations and resolutions from Association members and friends. The difficulties of travel, and the local responsibilities of our members during war make it important for the Standing Committees to seek contact by correspondence with members who cannot be in Chicago on February 7.

BAILEY B. BURRITT  
*Secretary of the Association*

1790 Broadway, New York 19, N. Y.

## NATIONAL EVENTS

REBA RAYBURN

*Washington Liaison Office, American Social Hygiene Association*

**National Conference on Postwar VD Control Meets in St. Louis.**—Nearly a thousand health officers, physicians, nurses and other professional workers filled the auditorium and other meeting rooms of the St. Louis Medical Society, where the various sessions of the USPHS-sponsored National Conference on Postwar VD Control met November 9, 10 and 11. Enthusiasm marked the reception of the addresses by leading experts from this and several other countries, and the discussions in section meetings which reported to the entire group at the end of the sessions.

The *Conference Proceedings* will be published by the USPHS as a supplement to *Venereal Disease Information*, with some of the papers also appearing elsewhere.\* The program of the Conference was as follows:

**Thursday, November 9**

Registration—9:00 A.M.

Morning Session—10:00 A.M. to 12:30 P.M.

*Chairman*—SURGEON GENERAL THOMAS PARRAN

*Messages*—DR. C. H. NEILSON, representing State Health Officer of Missouri

DR. J. F. BREDECK, City Health Officer of St. Louis

HONORABLE PAUL V. McNUTT, Federal Security Administrator (read by Dr. Parran)

*Address of Welcome and General Purpose of Conference*—SURGEON GENERAL PARRAN

*Problems in Venereal Disease Control of Tomorrow*—MEDICAL DIRECTOR J. R. HELLER, JR.

*Army Contributions to Postwar Venereal Disease Control Planning*—LT.-COLONEL THOMAS H. STERNBERG (MC)

*Venereal Disease Control in the Navy*—COMMANDER W. H. SCHWARTZ (MC)

Afternoon Session—2:00 P.M. to 4:30 P.M.

*Penicillin in Early Syphilis*—DR. J. E. MOORE

*Penicillin in Late Syphilis*—DR. JOHN H. STOKES

*Penicillin Therapy in Venereal Disease Control*—MEDICAL DIRECTOR J. F. MAHONEY

*Discussion*—DR. PAUL A. O'LEARY

*Venereal Disease Control in the European Theatre of Operations:*

*Treatment*—COLONEL DONALD M. PILLSBURY (MC)

*Prevention*—LT.-COLONEL PAUL PADGET (MC)

Evening Session—8:00 P.M. to 10:00 P.M.

*Symposium: International Control of Venereal Diseases*

Statement by DR. PARRAN

England—DR. MELVILLE MACKENZIE

Canada—LT.-COLONEL DONALD H. WILLIAMS

France—MAJOR BERTRAM GOU

Mexico—DR. JAIME VILARDE

Norway—DR. T. GUTHÉ

Puerto Rico—MEDICAL DIRECTOR R. A. VONDERLEHR

\* See pages 517-29 for a paper by Dr. Richard A. Koch and Dr. Ray Lyman Wilbur.

Friday, November 10

Morning Session—10:00 A.M. to 12:30 P.M.

*Rapid Treatment*—MEDICAL DIRECTOR (R) UDO J. WILE

*Epidemiology*—DR. J. F. BREDECK; *Discussion*—MAJOR E. M. HOLMES, JR.

*Biologic False Positives*—DR. HANS NEURATH; *Discussion*—SURGEON R. C. ARNOLD

*Promiscuity as a Factor in the Spread of Venereal Disease*—DR. RICHARD A. KOCH; *Discussion*—FATHER ALPHONSE SCHWITALLA, S.J.

*Social Protection*—MARK MCCLOSKEY; *Discussion*—SURGEON EUGENE A. GILLIS

Afternoon Session—2:00 P.M. to 4:30 P.M.

Section Meetings:

1. *Diagnostic and Therapeutic Procedures in Gonorrhea*

Chairman—DR. ROGERS DEAKIN. Secretary—SR. SURG. C. J. VAN SLYKE

2. *Diagnostic and Therapeutic Procedures in Syphilis*

Chairman—DR. A. W. NEILSON. Secretary—P. A. SURG. (R) HOWARD P. STEIGER

3. *Epidemiology*

Chairman—DR. N. A. NELSON. Secretary—LT.-COLONEL ROBERT A. DYAR (MC)

4. *Education and Community Action*

Chairman—DR. WILLIAM F. SNOW. Secretary—DR. H. H. HAZEN

Saturday, November 11

Morning Session—10:00 A.M. to 12:30 P.M.

*Report of Chairman for Section on Diagnostic and Therapeutic Procedures in Gonorrhea*—DR. ROGERS DEAKIN

*Report of Chairman for Section on Diagnostic and Therapeutic Procedures in Syphilis*—DR. A. W. NEILSON

Afternoon Session—2:00 P.M. to 4:30 P.M.

*Report of Chairman for Section on Epidemiology*—DR. N. A. NELSON

*Report of Chairman for Section on Education and Community Action*—DR. WM. F. SNOW

**ASHA—Missouri Social Hygiene Association Dinner Meeting.**—Voluntary agency representatives who were in St. Louis for the National Conference on Postwar VD Control were guests on November 8 at a joint dinner meeting of the boards of directors of the American Social Hygiene Association and the Missouri Social Hygiene Association. Dr. Richard S. Weiss, president of the Missouri organization, presided, and informal talks and discussion followed a pleasant social hour and an excellent meal. Guests included:

*Officers, Members of the Board of Directors and Staff of the Missouri Social Hygiene Association:* Mrs. Fred Armstrong, Mrs. Ira L. Bretzfelder, Mrs. J. Hart Brown, R. Forde Buckley, Judge John W. Calhoun, Dr. Adolph H. Conrad, Dr. Harriet S. Cory, Dr. F. W. Ewerhardt, Mrs. Ottolie Gildehaus, Mr. Emmett Gruner, Dr. L. J. Hanchett, Adolf H. Hanser, Gilbert Harris, M. A. Hellman, Mrs. Alexander S. Langsdorf, Mrs. Thyrsa R. Mack, Mrs. Helen Messick, Walker Pierce, Mrs. Ruth Roach, William Sentner and Mrs. Sentner, Mrs. Boyd Speer, Mrs. Arthur Stockstrom and Dr. Paul J. Zentay.

*Representatives of State and Local Social Hygiene Societies:* Dr. H. W. N. Bennett, Manchester, New Hampshire, Social Hygiene Committee; Mrs. Charles D. Center, Georgia Social Hygiene Council, Atlanta; Mrs. Elva H. Evans, Family Health Association, Cleveland, Ohio; Dr. R. G. Frary, Lincoln-Lancaster County Social Hygiene Association, Omaha, Nebraska; Mrs. F. H. Ream, Kansas City Social Hygiene Society; Dr. Bertha F. Shafer, Illinois Social Hygiene League; Dr. Henry H. Hazen, Social Hygiene Society of the District of Columbia, and

Mrs. Hazen; Medical Director R. A. Vonderlehr, Puerto Rico Committee on Social Protection.

*Representatives of Neighbor Countries:* Lt. Colonel Donald H. Williams, Chief, Venereal Disease Control, Canadian Army; Dr. Joseph S. Spoto, Traveling Representative, Pan American Sanitary Bureau; Dr. Jaime Vilarde, National Department of Health, Republic of Mexico, and representing the National Anti-Venereological Society of Mexico.

*Officers, Board Members and Staff Members of the American Social Hygiene Association:* Bailey Burritt, Blake Cabot, Dr. Walter Clarke, John Hall, Bascom Johnson, Charles F. Marden, Charles E. Miner, Surgeon General Thomas Parran, Jean B. Pinney, Wade T. Searles, Eleanor Shenehon, Dr. William F. Snow, Rev. Alphonse Schwitalla, S.J.

**War Department Advisory Council Meets in Washington.**—The third anniversary of the formation of the Advisory Council to the Women's Interests Section, War Department Bureau of Public Relations, was observed by a two-day meeting of the Council at The Pentagon, Washington, D. C., on October 6-7, 1944.

Called together by Major General Alexander D. Surles, Director, Bureau of Public Relations, thirty-six representatives of thirty-two national organizations met in the Secretary of War's Conference Room to hear a distinguished roster of speakers present some of the problems facing the Army and the women of the country and to formulate plans for participation in a program of disseminating information vital to understanding of military requirements and home-front cooperation during the months ahead.

The tremendous value of work done in the past and the vital importance of continued cooperation of organizations of the Advisory Council was recognized by the presence of the Honorable Henry L. Stimson, Secretary of War, who took time from his busy schedule to open the conference. Pointing to the complexity of problems which will arise from the defeat of Germany and the transfer of military emphasis to the Eastern theaters, the Secretary urged these organizations to continue their splendid programs of cooperation with the War Department and the Army.

Miss Margaret S. Banister, Chief, Women's Interests Section, presided at the afternoon session on October 6, when speakers included Major General William F. Tompkins, Director, Special Planning Division, War Department Special Staff; Brigadier General Hugh J. Morgan, Director, Medical Consultants Division, Office of the Surgeon General; Colonel George R. Evans, Chief, Classification and Replacement Branch, Adjutant General's Office; Lieutenant Colonel Walter E. Barton, Assistant Director, Reconditioning Consultants Division, Office of the Surgeon General; and Lieutenant Colonel Timothy A. McInerny, Speakers Branch, Bureau of Public Relations. These speakers discussed the progress of the war with Germany and Japan; the Army's plans for gradual and partial demobilization at the close of hostilities with Germany; the separation process which, through counselling and vocational classification, will aid the soldier in readjusting to civilian life; and the operation of the Army's program to meet the needs of ill and wounded soldiers.

At the dinner session held in the General Officers' Dining Room at The Pentagon, the Advisory Council was joined by officers attached to the Bureau of Public Relations. They were: General Surles; Colonel Falkner Heard, Deputy Director; Colonel J. Noel Macy, Chief of the WAC Group; Colonel Horace B. Smith, Assistant to the Director for Army Ground Forces; Lieutenant

Colonel Arson D. Clark, Acting Assistant to the Director for Army Service Forces; Lieutenant Colonel Harold B. Rorke, Acting Assistant to the Director for Army Air Forces; Lieutenant Colonel Douglas Parmentier, Chief of the News Division, and Lieutenant Colonel Stewart T. Beach, Chief of the Publications Branch. Also present were: Mesdames Surles, Osborn, Smith, Clark, Rorke and Beach.

Following dinner Colonel William C. Chanler, Acting Director, Civil Affairs Division, War Department Special Staff, discussed functions of the Civil Affairs Administration and Allied Military Government; and Major General Frederick H. Osborn, Director, Information and Education Division, Army Service Forces, described the present work of his division and the projected educational, vocational, and recreational program to be initiated during the period of partial demobilization. The evening's program concluded with the showing of *The Hidden Army*, a War Department film depicting the contribution of women industrial workers to winning the war, and other special War Department films.

The Saturday morning program included addresses by Lieutenant Colonel Jessie Pearl Rice, Executive, Women's Army Corps, on the integration of WAC with the Army, and Lieutenant Colonel Stewart T. Beach, Chief, Publications Branch, Bureau of Public Relations, who discussed the importance of safeguarding military information and the assistance given the Women's Interests Section by the Advisory Council.

Plans for the year's work suggested by Miss Banister and commended by the Council's business meeting included:

1. Regional meetings, to which would be invited state presidents, district presidents or representatives, to be held in the nine Army Service Commands;\*
2. Emphasis by all Advisory Council organizations on one Army subject each month, the subject to be selected by the Women's Interests Section and materials prepared and forwarded to names on the mailing list; and
3. Expansion of the Women's Interests Section mailing list to include state editors of organization publications, and state program and radio chairmen.

Following the business meeting, the group went by bus to Gravelly Point and by motor launch to Bolling Field. Inspection of hospital facilities, typical of the best provided by the Army, preceded luncheon served in the Officers' Mess. At the field proper the party saw various training, fighter, and bomber planes assembled on the main air strip. Later the group proceeded to the new Air Transport Command terminal at Gravelly Point where a tour of the main terminal building had been arranged. Colonel Frank H. Collins, Commanding Officer, Washington National Airport Army Air Base, explained the process followed by plane passengers in completing their entry into this country.

Organizations and delegates registered for the meeting were: American Association of University Women—Dr. Kathryn McHale, General Director, Washington, D. C.; American Federation of Women's Auxiliaries of Labor—Mrs. Herman H. Lowe, President, Nashville, Tennessee; American Legion Auxiliary—Mrs. Charles B. Gilbert, President, Indianapolis, Indiana; American Red Cross—Mrs. Hendrick Eustis, Assistant Director, Volunteer Special Services, Washington, D. C.; American Social Hygiene Association—Miss Jean B. Pinney, Associate Director, Washington, D. C.; American Women's Voluntary Services—Mrs. Dorothea Lynch, Washington, D. C.; Army Relief Society—Mrs. Arthur W. Page, President, New York, New York; Associated Women of the American Farm Bureau Federation—Mrs. Charles W. Sewell, Administrative Director, Chicago, Illinois; Association of Junior Leagues of America—Mrs. Robert W. Wilson, Washington, D. C.; Women's Supreme Council of B'nai B'rith—Mrs. Maurice Bisgyer, National Secretary, Washington, D. C.; Congress of Women's Auxiliaries of the CIO—Mrs. Faye Stephenson, President, Cleveland, Ohio; Daughters of Union Veterans of the Civil War—Miss Grace Hurd, National

\* Three such meetings were held during December at Columbus, Ohio, Chicago and Minneapolis, and similar conferences will be held in fifteen other cities before the middle of March, 1945. Social hygiene representatives are invited.

Treasurer, Washington, D. C.; The Garden Club of America—Miss Aline Kate Fox, Past President, New York, New York; The Garden Club of America—Mrs. Gilbert M. Hitchcock, Washington, D. C.; General Federation of Women's Clubs—Mrs. LaFell Dickinson, President, Washington, D. C.; General Federation of Women's Clubs—Mrs. Thalia S. Woods, Washington, D. C.; Women's Division, Jewish Welfare Board—Mrs. Lewis L. Strauss, Washington, D. C.; Ladies Auxiliary to the Veterans of Foreign Wars—Mrs. Alice M. Donahue, Past President, Director, War Service Committee, Glen Head, Long Island, New York; National Catholic Community Service—Miss Ann Devine, Washington, D. C.; National Conference of Christians and Jews—Mrs. Frank A. Linzel, Chairman, Washington, D. C.; National Council of Catholic Women—Miss Margaret T. Lynch, Executive Secretary, Washington, D. C.; National Council of Jewish Women—Miss Flora R. Rothenberg, Executive Director, New York, New York; National Council of Negro Women, Inc.—Mrs. Mary McLeod Bethune, President, Washington, D. C.; National Council of Negro Women, Inc.—Mrs. Mame Mason Higgins, Washington, D. C.; National Council of State Garden Clubs—Mrs. E. Wesley Frost, President, Fayetteville, Arkansas; National Council of Women of the United States—Mrs. Ambrose N. Diehl, Chairman, War Activities Committee, New York, New York; National Education Association—Miss Eva G. Pinkston, Executive Secretary, Department of Elementary School Principals, Washington, D. C.; National Federation of Business and Professional Women's Clubs—Mrs. Marion H. Britt, Legislative Representative, Washington, D. C.; National Society Daughters of the American Revolution—Miss Hazel Nielson, Executive Secretary, National Defense Committee, Washington, D. C.; National Travelers Aid Association—Miss Bertha McCall, General Director, New York, New York; National Women's Christian Temperance Union—Mrs. Ida B. Wise Smith, President, Evanston, Illinois; National Women's Christian Temperance Union—Miss Elizabeth A. Smart, Director of Legislation, Washington, D. C.; United Council of Church Women—Mrs. Josephine Kyles, Washington, D. C.; United Daughters of the Confederacy—Mrs. Charles E. Bolling, Chairman, Patriotic Activities and Civilian Defense Committee, Richmond, Virginia; United Service Organizations—Miss Ethel Mockler, National Staff, New York, New York; Young Women's Christian Association—Mrs. Henry A. Ingraham, President, National Board, New York, New York. Other organizations represented on the Advisory Council to the Women's Interests Section are: National Panhellenic Congress, National Women's Trade Union League, The Salvation Army, and the Army and Navy Department, Young Men's Christian Associations.

**United States Junior Chamber of Commerce Announces New Program.**—The Public Health Committee of the "Jaycees," of which Alfred E. Kessler of Denver, Colorado, is Chairman, has recently issued a comprehensive new outline of ways and means by which this enterprising young men's organization can be of service and assistance in safeguarding community health. A new illustrated manual, impressively and attractively printed in sepia and black under the title *Public Health*, sets forth project outlines, campaign methods and carefully selected references for undertaking the layman's part in Health Department activities, service through the Men's Hospital Volunteer Corps, a program for Industrial Mental Health, Physical Fitness in Industry, Red Cross Activities, Tuberculosis Control, Sanitary Food Inspection, Rat Control, Child Dental Health and Postwar Medical Planning. A special section is devoted to cooperation in radio programs regarding health.

Continuing the program of several years standing, the *Manual* emphasizes Jaycee cooperation in the campaign against venereal diseases, and recommends special efforts locally during the last weeks of January and the first part of February, to coincide with

National Social Hygiene Day. A campaign outline includes suggestions for a speakers' bureau, newspaper publicity, special radio program and distribution of literature, special displays and film showings. Sample letters are shown to enlist cooperation of school heads, clergymen and industrial leaders.

A new feature of cooperation in social hygiene is the announcement of a Sex Education program, which recommends that Jaycee members endeavor to fit themselves to give proper sex education to their children in the home, and cooperate with school, church and other agencies in any efforts these groups may undertake. A selected list of books and pamphlets is included, and the reader is invited to write to the U. S. Office of Education and the American Social Hygiene Association for additional materials and information.

**National Committee for Mental Hygiene Holds Annual Meeting.**—Talks and discussions at the 35th annual meeting of the National Committee for Mental Hygiene, held in New York, November 8 and 9 at the Hotel Pennsylvania, centered around such topics as *Mental Hygiene of Industry and Reconversion, Rehabilitation and the Returning Veteran, Race Relations, Services to the Mentally Ill Today, Mental Hygiene Considerations in Peace Plans, and Needs and Opportunities in the Mental Hospital Field.*

A feature of the annual luncheon meeting on November 9 was the presentation of the Lasker Award to Lt. Col. William C. Menninger, of Topeka, Kansas, and currently Chief Consultant in Neuropsychiatry, Office of the Surgeon General, U. S. Army, Washington, D. C. This award, as recently announced by Dr. George S. Stevenson, Medical Director of the Committee, has been established by the Albert and Mary Lasker Foundation, Inc., and comprises a sum of \$1,000 to be given annually through the Committee, at the annual meeting, for outstanding service in the field of mental hygiene.

The purpose of the award is to recognize significant contributions to the promotion of mental health and to making the broad field and program of mental hygiene more familiar to the general public. Each year according to plans made by a Committee consisting of Dr. Lawrence S. Kubie, Chairman, Dr. Frederick H. Allen and Nina Ridenour, the award will be made for a contribution in some special aspect of the field of mental hygiene which seems to be of most immediate and current significance. The recipient of the award will be selected by an anonymous jury chosen annually for its competence to judge accomplishment in a particular field.

In presenting the award this year to Col. Menninger for mental hygiene work related to the war, the recipient was chosen from among leaders who have done work in the general enhancement of the mental health of the men and women of the services, both while in service and during the period of rehabilitation, so far as developed at the time.

At a meeting of the Board of Directors on December 14, Eugene Meyer, editor and publisher of the *Washington Post*, was elected president of the National Committee.

**National Congress of Parents and Teachers Supports Social Hygiene Program and ASHA.**—The following resolution was adopted by the Board of Managers of the National Congress of Parents and Teachers at its annual meeting in New York in May, with the

request that a copy be sent to the American Social Hygiene Association:

WHEREAS, The National Congress of Parents and Teachers believes that a well-planned program of social hygiene instruction should be instituted in the public school systems of the United States; therefore, be it

RESOLVED, That this Congress support the efforts of Federal, state, and local educational authorities to institute such a program; and be it further

RESOLVED, That it is the conviction of this Congress that the need for providing adequate juvenile protection; preventing the spread of venereal infection; and providing more adequate personal, family, and community living demands that instruction concerning the psychological, social, and health aspects of sex development and behavior be planned and carried into effect; that such instruction, adapted to various needs and maturity levels, begin with the pre-school child, continue throughout public school training, and carry over into the education of adults—particularly parents; and be it further

RESOLVED, That this Congress commend the interest and efforts of the United States Public Health Service, the United States Office of Education, the American Social Hygiene Association, and other Federal, state and local governmental and voluntary agencies working on this problem; that this Congress pledge its support in any effort to promote a social hygiene educational program so planned as to result in better family and community living.

The Board of Managers of the National Congress, at its fall session in Chicago, adopted a program designed to meet critical needs on the home front and urged local units to work for better human relationships.

**Selectees with Syphilis Rehabilitated for Induction.**—More than a quarter of a million Selective Service registrants who were originally deferred because of evidence of syphilis have been reclaimed through treatment, according to a U. S. Public Health Service report in August 1944. Among the first fifteen million registrants blood-tested, evidence of syphilis was uncovered in 720,000. Tracing, treating and induction of a large number of those infected was accomplished through cooperation among Selective Service Boards, state and local health departments, the Army and the Navy. Approximately 125,000 have already enlisted or been inducted into the armed forces, and 140,000 more are available unless otherwise disqualified, the estimates show.

Estimates of the number of infected men reclaimed are based on USPHS tabulations of data to June 30, 1943 from 22 states on 182,607 registrants with evidence of syphilis. (See table.) The tabulations show that:

Ninety-three per cent of the infected men have been traced by State and local health departments.

Thirty-eight per cent have been made available for active war duty training by the venereal disease control program. This includes 18 per cent who have been inducted into the armed services and 20 per cent declared available for military duty after follow-up and treatment when necessary. Sixteen per cent still need further treatment.

Sixteen per cent probably never will be available because their syphilis had progressed to late stages before it was discovered, or because of other physical defects.

Eleven per cent have moved from the jurisdiction of the reporting States.

"SELECTIVE SERVICE ROUND-UP"—DISPOSITION OF 182,607 REGISTRANTS HAVING  
EVIDENCE OF SYPHILIS AND ORIGINALLY REJECTED FOR INDUCTION

NATIONAL EVENTS

567

State	Total	Inducted or Enlisted		Not Located		Out of Health		Jury's- diction		Need Treatment		Now Available		Probably Never Available		All Others	
		Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
(Exclusive of Chicago)																	
Indiana . . . . .	8,004	1,443	18.0	2,196	27.4	101	1.3	997	12.5	1,524	19.0	1,523	19.0	220	2.8		
Iowa . . . . .	1,152	338	29.4	97	8.4	163	14.1	108	9.4	266	23.1	120	10.4	60	5.2		
Kentucky . . . . .	13,497	2,844	21.1	1,409	10.5	1,659	12.3	2,241	16.6	1,596	11.8	3,068	22.7	680	5.0		
Mississippi . . . . .	30,690	3,817	12.4	451	1.5	1,226	4.0	9,413	30.7	9,330	30.4	4,618	15.0	1,835	6.0		
Missouri . . . . .	6,192	1,515	24.5	796	12.9	498	8.0	457	7.4	813	13.1	1,553	25.2	555	8.9		
Nebraska . . . . .	1,907	313	16.4	129	6.8	395	20.7	202	10.6	492	25.8	199	10.4	177	9.3		
New Hampshire . . . . .	330	69	20.9	20	6.1	38	11.5	89	27.0	75	22.7	25	7.6	14	4.2		
New Jersey . . . . .	8,723	2,239	25.7	974	11.2	571	6.5	450	5.2	1,386	15.9	1,731	19.8	1,372	15.7		
Ohio . . . . .	25,769	6,503	25.2	999	3.9	3,532	13.7	1,019	4.0	5,649	21.9	858	3.3	7,209	28.0		
Oklahoma . . . . .	8,279	1,734	20.9	306	3.7	2,324	28.1	400	4.8	2,190	26.5	1,116	13.5	209	2.5		
Rhode Island . . . . .	745	131	17.6	29	3.9	53	7.1	14	1.9	160	21.5	200	26.8	158	21.2		
Tennessee . . . . .	20,398	2,638	12.9	832	4.1	2,969	14.6	3,439	16.9	4,069	19.9	3,265	16.0	3,186	15.6		
Virginia . . . . .	5,634	863	15.3	24	0.4	221	3.9	985	17.5	1,285	22.8	1,403	24.9	853	15.2		
Washington . . . . .	719	118	16.4	85	11.8	175	24.4	126	17.5	167	23.2	48	6.7	302	15.2		
Wisconsin . . . . .	1,985	311	15.7	260	13.1	159	8.0	80	4.0	419	21.1	654	22.9	6.7	114	16.5	
Wyoming . . . . .	691	127	18.4	57	8.2	176	25.5	70	10.1	101	14.6	46	6.7				
<b>TOTAL . . . . .</b>	<b>182,607</b>	<b>32,156</b>	<b>17.6</b>	<b>13,252</b>	<b>7.2</b>	<b>20,075</b>	<b>11.0</b>	<b>29,311</b>	<b>16.1</b>	<b>36,706</b>	<b>20.1</b>	<b>28,483</b>	<b>15.6</b>	<b>22,624</b>	<b>12.4</b>		

In most cases the names of these have been referred to health departments in communities to which the registrants moved.

Seven per cent were not located by health departments.

Twelve per cent were classified in a miscellaneous category, including men who had died, had been placed in mental institutions as a result of syphilis, or whose records were incomplete.

**Health Education Fellowships Awarded by U. S. Public Health Service, Kellogg Foundation, and National Foundation for Infantile Paralysis.**—Twenty-eight fellowships in health education have been awarded to men and women in twenty states under a new program of the National Foundation for Infantile Paralysis and a continuing grant of the W. K. Kellogg Foundation, the U. S. Public Health Service has announced. Twenty-two of the fellowships were provided by the National Foundation, and six will be maintained by the Kellogg Foundation. Qualifications of candidates were submitted to an advisory committee of the U. S. Public Health Service. The persons selected will be assigned to schools of public health at Yale University, the University of Michigan and the University of North Carolina. The training will consist of nine months' academic work and three months of supervised field experience. Eighteen similar fellowships were awarded last year. Recipients of the fellowships this year are:

Linnea Anderson, Waverly, Massachusetts; Ruth Grossman, Allentown, Pennsylvania; Camille Brown, Laramie, Wyoming; Theron Butterworth, New Orleans, Louisiana; Bessie Creecy, Rich Square, North Carolina; Nell Jane Guthrie, Oklahoma City, Oklahoma; Mrs. Dorothy B. Hamilton, Washington, D. C.; Dorothy Ann Huskey, Knoxville, Tennessee; Mrs. Margaret Idema, LaMarque, Texas; Marion Jensen, Knoxville, Tennessee; Maizie Jean Jones, Boone, North Carolina; Rae E. Kaufer, Bethesda, Maryland; Mary Lou King, Bradenton, Florida; Mary Evelyn Leith, Due West, South Carolina; Raymond Leonard, Asheville, North Carolina; Edith R. Lindly, Stillwater, Oklahoma; Wilma Mailander, Spalding, Nebraska; Jean McCartney, Elkhart, Indiana; Leila McCormick, Rowland, North Carolina; Frances Montgomery, Tempe, Arizona; Hazel Mundorff, Clay Center, Nebraska; Gladys C. Omohundro, Norfolk, Virginia; Mrs. Julia O'Neill, Bushnell, Illinois; Maude Parker, Norfolk, Virginia; Mary H. Parks, Wichita, Kansas; Jeannette Simmons, West Des Moines, Iowa; Mrs. Louisa Spell, Athens, Georgia; and Helen Wilson, Grand Forks, North Dakota.

## SOME FORECASTS OF SOCIAL HYGIENE DAY PROGRAMS

ELEANOR SHENEHON

*Director, Division of Community Service  
American Social Hygiene Association*

Social Hygiene Day—1945—Wednesday, February 7th—is evidently going to provide important opportunity to review accomplishments of the past year and plan concrete projects for 1945. The following references to selected programs and the agencies or officers in charge are presented to illustrate the variety of ways in which both large and small cities and areas are going about the task of organizing their meetings.

**Auburn and Lewiston, Maine,** are planning to make the interesting experiment of holding an inter-community Social Hygiene Day meeting in Lewiston for the two cities. For further information write Mrs. Guilda M. Albert, R.N., Public Health Nurse, Lewiston, Maine.

The city of Cambridge, Massachusetts, will be host to a Regional Conference on social hygiene on February 7th under the auspices of the Cambridge Social Hygiene Committee and the Massachusetts Society for Social Hygiene. Doctor John R. Heller, Jr., Chief, Division of Venereal Disease Control, United States Public Health Service, will appear on the program as one of the principal speakers. This regional meeting will bring in people from Greater Boston and all of the New England area. For further details write Miss Mabel M. Brown, Executive Secretary of the Cambridge Tuberculosis and Health Association or Mrs. S. W. Miller, Executive Secretary, Massachusetts Society for Social Hygiene, 1146 Little Building, Boston 16, Massachusetts.

The Health Division of the Hartford, Connecticut, Council of Social Agencies, in cooperation with the Hartford Tuberculosis Association and a number of other interested groups, will sponsor a Social Hygiene Day luncheon on Tuesday, February 6th, at which Doctor Heller will also be the principal speaker. Inquiries should be addressed to Doctor Muriel F. Bliss, Executive Secretary of the Hartford Tuberculosis and Public Health Society, Inc., 65 Wethersfield Avenue, Hartford 6, Connecticut.

The New York City Tuberculosis and Health Association will have a series of sessions covering all phases of social hygiene at the Pennsylvania Hotel on February 7th as part of its Annual Meeting. Colonel Thomas B. Turner, Office of the Surgeon General, U. S. Army, Washington, D. C., and Dr. J. Earle Moore of Baltimore, Maryland, have agreed to appear on this program. Further information about these plans may be obtained from Doctor J. A. Goldberg, Secretary, Social Hygiene Committee, New York Tuberculosis and Health Association, 386 Fourth Avenue, New York 16, N. Y.

The Philadelphia Social Hygiene Day Committee is planning a large and interesting all-day program for Thursday, February 8th. Doctor Heller and Mr. Alan Johnstone, General Counsel, Federal Works Agency, have accepted an invitation to speak at the luncheon session at the Ritz Carlton Hotel. The evening program will include a presentation of the part of labor in the venereal disease control program by Mr. Abraham Bluestein, Executive Secretary of the Labor League for Human Rights, and a report on Philadelphia's "Institute on Health and Human Relations." Further information may be obtained from Mr. Charles Kurtzhalz, Secretary, Social Hygiene Day Committee, Philadelphia Tuberculosis and Health Association, 311 South Juniper Street, Philadelphia.

The District of Columbia Social Hygiene Society is planning its conference in the National Capitol on February 5th, to meet government schedules. This meeting is also a regional conference drawing into its sessions representatives of all states of the Union now stationed in the Nation's Capitol and many

representatives from nearby states. For information on this meeting write to Mr. Ray H. Everett, Executive Secretary, Social Hygiene Society of the District of Columbia, 927 Fifteenth Street, N. W., Washington, D. C.

**Lynchburg, Virginia,** is planning an intensive program of community information centered around the observance of Social Hygiene Day. A committee appointed to sponsor this program includes representatives of important civic organizations. This will be Lynchburg's first community-wide Social Hygiene Day observance. Address inquiries about it to Doctor S. D. Sturkie, Director of Public Welfare for the City of Lynchburg.

Dr. Percy S. Pelouze, of the USPHS Service and an ASHA Board Member, is speaker at an important Social Hygiene Day meeting in Columbia, South Carolina, on Tuesday, February 6th, sponsored by a number of interested agencies, including state and country social hygiene groups. For further information write to Mrs. Jules Bank, Secretary of the Richmond County Social Hygiene Association, 1311 Marion Street, Columbia, South Carolina; or to Miss Adele J. Minahan of the South Carolina Conference of Social Work, 1119 Barnwell Street, Columbia, South Carolina.

The Georgia Social Hygiene Council will serve as the principal sponsor for a regional conference on social hygiene to be held in Atlanta February 19th and 20th. Doctor Heller has also accepted an invitation to appear as the principal speaker on this program. For further information write to Mrs. Charles D. Center, Executive Secretary, Georgia Social Hygiene Council, Room 240, State Office Building, Atlanta, Georgia.

The Chicago Social Hygiene Day Committee is planning a regional conference on Wednesday, February 7th, to take the form of a series of joint sessions with the American Social Hygiene Association, which will hold its annual meeting in Chicago on the same date. For details of these meetings write to Doctor Bertha Shafer, Chairman of the Committee, and Executive Director, Illinois Social Hygiene League, 303 East Chicago Avenue, Chicago 11, or to the American Social Hygiene Association, 1790 Broadway, New York 19, N. Y. (See also above.)

The Council of Social Agencies of Omaha will be the principal sponsor of a dinner meeting to be held in that city February 7th. Emphasis in planning this program will be placed on the important role of industry and labor in the total social hygiene program. Information about these plans can be obtained from Miss Josephine J. Albrecht, Executive Secretary, Community Welfare Council of Omaha, 736 World-Herald Building, Omaha 2, Nebraska.

The Kansas City Social Hygiene Society is planning a large evening meeting for Social Hygiene Day, with a nationally known speaker as one of the principal attractions. For further information write to Mrs. F. H. Ream, Executive Secretary, Kansas City Social Hygiene Society, Room 404, 1020 McGee Street, Kansas City 6, Missouri.

The Denver Public Health Council in cooperation with the Division of Venereal Disease Control of the State Division of Public Health and other sponsors is working on plans for a meeting to be held on February 9th. Mrs. J. Burris Perrin has been appointed Chairman of the Social Hygiene Day Committee. Inquiries should be addressed to either Mr. Gerald M. Porter, Executive Secretary, Denver Public Health Council, 314 Fourteenth Street, Denver 2, Colorado, or Doctor G. P. Gannon, Director, Division of Venereal Disease Control, Colorado State Division of Public Health, State Office Building, Denver 2, Colorado.

Seattle, Washington, will hold its 1945 Social Hygiene Day meeting on Tuesday, February 6th, under the sponsorship of the Seattle-King County Social Hygiene Society and the Washington State Social Hygiene Association. Lt. Col. Thomas H. Sternberg, Director, Venereal Disease Control Division, Office of the Surgeon General, Washington, D. C., has agreed to appear on this program. Tentative plans are also being made for a Social Hygiene Week with observances in the form of community meetings in selected cities throughout the state of Washington. Inquiries should be addressed to Miss Honoria Hughes,

Executive Secretary of both Associations, 6147 Arcade Building, Seattle 1, Washington.

Portland (Oregon) plans for Social Hygiene Day, February 7th, are now well advanced. Lt. Col. Sternberg will also appear as a principal speaker on this program. Further information may be obtained from Mrs. Sadie Orr Dunbar, Executive Secretary, Oregon Tuberculosis Association, 605 Woodlark Building, Portland 5, Oregon.

Preliminary reports from other sections of the country tell also of Social Hygiene Day plans in Downington, McKeesport, Chester and Erie, Pennsylvania; Wilmington, Delaware; Richmond, Virginia; Florence and Greenville, South Carolina; Milwaukee and Baraboo, Wisconsin; Tulsa and Shawnee, Oklahoma; Corpus Christi, Fort Worth, Houston and Wichita Falls, Texas; Salt Lake City, Utah; Los Angeles, California; Little Rock and Fort Smith, Arkansas; Puerto Rico and Hawaii. Later issues of the JOURNAL and *Social Hygiene News* will carry word of additional programs as cooperating agencies in all states swing into action.

## SO YOU'RE GOING TO HOLD A SOCIAL HYGIENE DAY MEETING!

### PROGRAM SUGGESTIONS

*from the*

SOCIAL HYGIENE DAY SERVICE  
*American Social Hygiene Association*

### A General Community Meeting

- |                      |  |
|----------------------|--|
| Subject:             | <i>Social Hygiene: A Four-Sector Front</i>   |
| Presiding:           | President of Social Hygiene Society or Chairman of Social Hygiene Day Committee  |
| Topics and Speakers: | <ol style="list-style-type: none"> <li>1. <i>The Health Sector: The Attack on the Venereal Diseases</i><br/>Venereal Disease Control Officer of State or City Health Department, Army or Navy, or representative of Health Council or other voluntary health agency.</li> <li>2. <i>The Legal and Social Protective Sector</i><br/>Representative of Social Protection Division, Chairman of Social Protection Committee, Judge, Probation Officer, Lawyer, Executive of youth-serving or family welfare agency.</li> <li>3. <i>The Educational Sector</i><br/>Superintendent of schools or other educator; representative of social hygiene society, parent-teacher association or other group active in this field.</li> <li>4. <i>The Character Building (or Moral) Sector</i><br/>Clergyman or other representative of church, educator, executive of youth-serving agency.</li> </ol> |
| Discussion:          | <i>Four Sectors—One United Front</i><br>Representative of social hygiene society or committee.   |

### Group Meetings

(Women's Clubs, Men's Service Clubs, Parent-Teacher Associations, Church Organizations, Study and Discussion Groups or Other Special Interest Groups)

#### I

- |          |   |
|----------|---|
| Subject: | <i>Social Hygiene in Youth-Serving Programs</i>   |
| Topics:  | <ol style="list-style-type: none"> <li>1. <i>Health Education of Youth as Lifelong Health Protection</i></li> <li>2. <i>Education in Human Relations as a Preparation for Life</i></li> <li>3. <i>Social Protection as an Element in Community Planning for Safeguards for Youth</i></li> </ol> |

## II

- Subject:** *The Church and Social Hygiene*  
**Topics:**
1. *The Church Builds Character*
  2. *The Church Prepares for Marriage*
  3. *The Church Goes to Work on the Moral Sector of Venereal Disease Control*

## III

- Subject:** *The Parent and the Teacher in Social Hygiene*  
**Topics:**
1. *The Parent as the Child's First Guide in Learning About Sex Relations*
  2. *The Teacher Takes Up the Task of Sex Education Through Integrated Programs of Health and Human Relations in the Schools*
  3. *The Opportunities of Parents and Teachers as Community Leaders*

## IV

- Subject:** *Labor and Industry Fight VD*  
**Topics:**
1. *Industry Recognizes the Need to Combat the Venereal Diseases\**
  2. *The Trade Unions Join the Battle Against VD\**
  3. *The American Social Hygiene Association Plan for Venereal Disease Control Programs in Industry\**

## V

- Subject:** *The Contribution of the Neighborhood Pharmacy to the Fight Against the Venereal Diseases*  
**Topics:**
1. *The Pharmacist Cooperates with the Health Department—A Joint Plan of Action*
  2. *The Corner Drug Store as a Community Center for the Distribution of Information About Health Problems*
  3. *Public Reaction to Informational Programs Carried Out by Neighborhood Pharmacies*

**An All-Day Conference**

Any or all of these program elements can be combined to provide interesting and helpful subject-matter for a meeting of several sessions planned to draw into its "sphere of influence" all groups interested in the social hygiene program. Sponsors of such important meetings frequently extend invitations to persons in nearby communities—or even throughout the state. Your neighbors will be interested in what you are thinking and planning—and in an exchange of views about common problems.

Call on the American Social Hygiene Association, 1790 Broadway, New York 19, for the Social Hygiene Day kit of program and publicity aids to use in planning and publicizing your meeting. Ask for the announcement folder, *Calling All Communities* to build interest in the February observance in your town. Call on the Association for the new Social Hygiene Day poster to publicize your meeting and for a supply of the attractive new folder *Heartache House* to distribute at your meeting. There is no charge to sponsoring groups for these materials.

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\* Sample talk or speech outline available through the American Social Hygiene Association, 1790 Broadway, New York 19, N. Y.

## NOTES ON INDUSTRIAL COOPERATION

PERCY SHOSTAC

*Consultant on Industrial Cooperation, American Social Hygiene Association*

### A TALE OF THREE CITIES

This is a progress report from the field about the American Social Hygiene Association's industrial program. As Dr. Clarke has said, the field trip has the same importance for the worker in headquarters of a national health agency that duty in a clinic has for the physician: it gives each the opportunity to test theory in the light of actual experience. In addition, the trip now being reviewed helped to accelerate plans for VD education and control by management, labor and public health groups in several areas.

### TWO CONVENTIONS

Delegates to the National CIO Convention in Chicago and the National AFL Convention in New Orleans, held simultaneously in November, were greeted by well placed ASHA exhibits. About 500 of these union leaders received our *Trade Unions vs. VD* manual, accompanied in most instances with some lively verbal propaganda. The 1,200 delegates from all over the country, before deliberations were over, were in possession of one or more of the pamphlets on display. This thorough-going coverage of the two great labor gatherings was certainly aided by the friendly hand extended by the CIO National War Relief Committee and the AFL Labor League for Human Rights. Offering a concrete program of education and action, and better known to the labor movement than during the 1943 conventions, the ASHA made valuable contacts, many of which can be expected to produce tangible results.

### DETROIT

Detroit, capital of the automotive industry and headquarters of the United Auto Workers, CIO, was a "must" on the industrial field trip itinerary. The purpose of the visit was to stimulate this largest union in the United States (approximate membership 1,200,000) into activity against VD and related conditions. With the approval of R. J. Thomas, UAW International President; Edward Levinson, Editor of the *Auto Worker*; and Dr. Morris Raskin, Director of the UAW Health Institute, it seems likely that a program will be undertaken among the thousand or more auto locals throughout the country. As matters stand right now, there is good reason to believe that this substantial and significant extension of VD education and control will be based on our trade union manual, and may very well be carried on locally in cooperation with the Detroit Health Department.

That the auto workers' union promises to give leadership in the trade union fight against VD is not surprising in view of the impres-

sive work of its Health Institute. This diagnostic treatment and health education center operated by the union is breaking fresh ground in looking after the health needs of its members.

#### CHICAGO

The ASHA is spark-plugging two promising industrial projects in Chicago; a community industrial health committee, patterned after the Fort Greene, Brooklyn, demonstration (see February 1944 JOURNAL), and a VD campaign among the trade unions.

The Chicago Industrial Health Committee, as now planned, is to be established and administered jointly by the Council of Social Agencies (which includes the Illinois Social Hygiene League, and the Tuberculosis Institute of Chicago and Cook County), the Chicago Health Department and the Chicago Medical Society. The idea is that trade unions, business associations and voluntary agencies will serve as a sponsoring group, with an additional body of citizen sponsors. Participation and financial support will be sought from firms located in a large industrial section of the South Side, and also from department stores and other business establishments in the Loop.

The ball was started rolling in Chicago at two enthusiastic meetings arranged by the Health Division of the Council of Social Agencies. Guidance and organizational drive for this comprehensive health education plan in industry—in which VD will figure prominently—can be expected from Laurence T. Rogers, Secretary of the Council's Health Division; Dr. Frederick W. Slobe, President, American Association of Industrial Physicians and Surgeons; and the Chicago Board of Health.

Our second Chicago project proposes a plan for a joint Health Department-union campaign using our *Trade Unions vs. VD* manual. The enthusiasm of Dr. Theodore J. Bauer, the city's VD Control Officer, coupled with the cooperative attitude of the unions, bodes well for this undertaking. With a thousand or more trade unions located in Chicago, it is understandable that Dr. Bauer considers these groups the best avenue of approach to workers in his territory.

This contemplated campaign may very well add another orchid to those already rated by Dr. Herman Bundesen, President of the Chicago Board of Health, and by Dr. Bauer. One cannot talk of VD control work in Chicago without special mention of the city's broad and amazingly effective program. This covers not only all the medical and public health aspects of the problem but ties in with the work of the police and courts in repressing prostitution and with the constructive programs of church and welfare agencies engaged in protecting family life. As a unique feature of the Chicago plan, attention should also be called to the cooperation with the Health Department of tavern owners, the bartenders union and brewers and distillers associations in both educational and law enforcement activities.

## NEW ORLEANS

New Orleans promises to bring forth a full-blown industrial health committee. As in Chicago, the initial response to the ASHA's promotion efforts came from the Council of Social Agencies. The Council arranged the first preliminary meeting on organization attended by Dr. John M. Whitney, Board of Health Director; Miss Marietta Roquet, Executive Secretary of the TB Association; Miss Odile Simpson, Executive Secretary of the New Orleans Social Hygiene Association and other leading people in the city. This meeting was followed by one largely attended by union leaders, and finally there was a luncheon of leading businessmen arranged by Dr. Whitney and George H. Gardiner, Secretary of the Association of Commerce.

The businessmen went all out for an industrial health committee and offered to finance it. Since Dr. Whitney is determined to have such a committee, and since he is offering the committee the full-time services of a health educator from his department, who will supplement the work of a full-time organizational secretary paid from the committee's proposed budget, this project definitely seems to be headed for realization in New Orleans.

## CONCLUSIONS

1. Leaders of industry and business are recognizing the value of health education as a sound investment for themselves and their employees. When the community industrial health committee plan is presented to them, they are enthusiastic about it and are apparently willing to support it financially. Cooperation by labor, councils of social agencies, organized medicine, public health bodies and citizen groups generally can be expected.
2. Local social hygiene societies have a great opportunity to stimulate initial interest in industrial health committees and to see that VD receives sufficient attention in their programs. The actual formation and operation of such committees may very well be expected to be undertaken by the local councils of social agencies in cooperation with the health departments.
3. Local and state health departments should be counted on to serve as the focal points for carrying on VD education and the whole control program with both the trade unions and management. This is an approach that bears emphasis and development. Local social hygiene societies can aid in achieving these objectives by working with and through both industrial groups and health departments.

Summarizing the lessons of this "tale of three cities" in a sentence, all that need be said is that health education for industrial workers is in the air; the ASHA, by staying on the beam, has an opportunity to bring its vital message to a large and powerful segment of the nation's population.

## BOOK REVIEWS

**MEET YOUR ENEMY—VENEREAL DISEASE.** A manual for women's groups. Prepared by the Social Protection Division, Office of Community War Services, Federal Security Agency, in consultation with the National Women's Advisory Committee on Social Protection. 41 p. *Free on request.*

This new handbook will be an extremely effective weapon for use in the nationwide drive against prostitution and sexual promiscuity. Prepared in consultation with the National Women's Advisory Committee on Social Protection and carrying the Committee's endorsement, it is addressed primarily to women's organizations. Women's clubs and other groups are urged to mobilize their forces for the fight against the venereal diseases and conditions that favor their spread. The pamphlet defines the scope of the problem from both public health and social points of view, describes the role of the prostitute and her patrons as promiscuous persons generally as carriers of diseases, and discusses the danger of wartime increase in juvenile delinquency.

The functions of health department, police department, courts and social services in a community program of prevention and control, together with the role of the school and church as character-builders are set forth clearly and helpfully. The importance of wise and well-considered laws and ordinances against prostitution and for the control of the venereal diseases and the value of an informed public opinion are given due weight in the summary of the total forces to be mobilized against the "Enemy."

The handbook closes with a well-planned section giving suggestions for specific action by women's groups in support of the social protection program, under the headings, *Mobilize, Survey, Enlist, Fight.*

The importance of public education and of coordination with other interested voluntary groups is stressed. Social Hygiene Day in February is

suggested as a focal point for a campaign of public information, and specific ideas are given for publicity through newspaper and radio in connection with such observances. An appendix contains a well-chosen list of social hygiene pamphlets, posters and films.

ELEANOR N. SHENEHON

**BETTER TIMES.** Health Issue in Honor of Bailey B. Burritt, November 3, 1944. Welfare Council of New York City.

Seldom does a project for complimentary purposes realize its objective as well as does this special issue of *Better Times*, dedicated to Mr. Burritt "with affection and esteem" on the occasion of his retirement as Chairman of the Executive Council of New York's Community Service Society. From the leading article *Mileposts of Public Health* by Mr. Burritt himself, the 20 page illustrated issue is packed full of interesting history, current events and forecasts of the future. Dr. George Baehr contributes *Medical Advances Since 1900*. Commissioner Ernest L. Stebbins asks *What's Ahead in Public Health?* Homer Folks pays a well deserved tribute in *Bailey Burritt and Public Health*. Winslow Carlton, Executive Director of Group Health Cooperative, Inc., discusses *The Converging Lines of Public Health and Health Insurance*. A nostalgic symposium is *Backward, Turn Backward . . .* by Donald B. Armstrong, Leverett D. Bristol, Louis I. Dublin, Frank Kiernan, Charles S. Prest, Ollie A. Randall, Kenneth D. Widdemer, and Savel Zimand, recounting their experiences as members of the Burritt staff.

As an agency which has the privilege of sharing in the benefits which accrue from Mr. Burritt's wise guidance, the American Social Hygiene Association is in a position to realize the solid truth of all that *Better Times* says in this effort to honor a man who has been, and is, one of New York City's and State's most useful citizens. We claim the privilege of adding to the

general applause the praise and appreciation of social hygiene workers throughout the country.

THE EDITORS

THE LONG ROAD, FORTIETH ANNIVERSARY REPORT—1944. National Child Labor Committee, 419 Fourth Avenue, New York. Pub. No. 390. 56 pp.

In forty years of work on behalf of American children, the Committee has covered a varied scene. Reporting by decades, the years 1904-1914 are reported as *A Decade of Fights, Defeats and a Few Gains*; 1914-1925—*Fighting on Two Fronts—State and Federal*; 1924-1934—*'Leave It to the States'*; 1934-1944—*Child Labor in a Decade of Upheavals*. Four vigorous champions of the Committee, Eduard C. Lindeman, Homer Folks, Samuel McCune Lindsay and Owen R. Lovejoy, contribute Forewords; the two latter having served as general secretaries to the Committee for the years 1904-1907 and 1907-1926 respectively.

In perspective, the Committee's work is seen as influencing steady progress throughout the years and throughout the nation. Advances in laws to restrict child labor and make education compulsory have brought about a marked decrease in children at work and a marked increase in school attendance. "By 1940 high school enrollment had reached the peak figure of 7,244,000 and the number of employed children 14 to 17 years old had decreased to 872,000 or a million and a half less than had been employed in 1920." War has reversed the trend reducing high school enrollment by 1,000,000 students and raising the number of employed 14 to 17 year olds by a half million, or to a total of 3,000,000. The Fair Labor Standards Act of 1938 has prevented thousands of younger children from flocking into factories as they did in the last war.

The road ahead will be long, too, it is believed. Thirty states still need to bring their child labor laws in line with their compulsory education laws by establishing a 16 year limit without exemptions for employment during school hours. Immediate enactment of such laws, to be effective after the way, would not only increase the educational equipment of these future citizens but at the same time would keep them out

of competition with adults in the post-war labor market.

"There will be a large group of children for whom special educational facilities must be provided, namely, those among the 3,000,000 young workers of today who left school to work full time without completing high school. They will not be equipped by education, training or skill for post-war work employment and they will not be interested in going back to high school. Unless special programs are planned for them as well as for veterans and adult war workers, they will be casualties of the war, facing a future of poor jobs at low wages."

Gertrude Folks Zimand, the Committee's General Secretary, and Florence Taylor, Assistant Secretary, have planned and carried out this interesting report. The concluding pages are devoted to the Published Record of major field studies and other publications of the National Child Labor Committee in its forty years history.

JEAN B. PINNEY

A SYNOPSIS OF CLINICAL SYPHILIS. By James Kirby Howles, B.S., M.D., M.M.S. St. Louis, The C. V. Mosby Co., 1943. 671 p. \$6.00.

This beautifully printed, illustrated and bound volume, by the Professor of Dermatology and Syphilology at the Louisiana State University School of Medicine, covers much the same ground as the *Essentials of Syphilis* by Rudolph H. Kampmeier, A. B., M.D., also recently reviewed. Dr. Howles' text is divided into three sections. The first deals with general considerations of syphilis; the second with systemic and regional syphilis; and the third with familial and public health aspects of syphilis.

*Section One* discusses first the pathologic process and other general considerations of syphilis and then goes on to an exposition of the primary, secondary, latent and tertiary clinical and laboratory findings and treatment. Following this are two chapters on diagnosis and one each on treatment and prognosis. As indicated by its subject, *Section Two* discusses the anatomic distribution of syphilis, together with diagnosis, therapy and prognosis. Under *Section Three* the epidemiology of syphilis, syphilis in pregnancy, and

congenital syphilis are discussed together with a discussion on the organization of syphilis clinics.

The appendix presents a brief, historical account of this disease. There is an excellent, full bibliography and the book is well indexed.

To a considerable extent Dr. Howles presents his own personal point of view and methods of diagnosis and treatment in this book. With some of these, other syphilologists will not entirely agree. The book is best in its clinical presentations.

WALTER CLARKE, M.D.

**ESSENTIALS OF SYPHILLOGY.** By Rudolph H. Kampmeir, M.D. Philadelphia, J. B. Lippincott Co., 1943. 518 p. \$5.00.

Doctor Kampmeier and his collaborators have produced an excellent, practical book for students and general practitioners of medicine. The book, which runs to 518 pages, is well printed and copiously illustrated. It presents an orderly discussion of the diagnosis, treatment and control of syphilis.

After a short introductory chapter, the authors discuss the biology of syphilis, the details of examination of the patient, including serology, and then go on to a general discussion of the therapeutic agents and methods used in the treatment of syphilis. From this point they proceed to discuss syphilis by its typical stages and then according to its anatomical distribution. Following this is a discussion of syphilis in pregnancy, congenital syphilis and syphilis with relation to marriage. The last fifty pages of the book are devoted to the public health aspects of this infection. Throughout the book the authors make use of case histories to illustrate practical points.

Although the authors draw principally upon the experience of Vanderbilt University Hospital, they adhere closely in their presentations to generally accepted principles and to standard methods. Brief mention is made of the newer intensive methods of treatment but with due warning that these are to be employed only by physicians especially trained in syphilology.

The index leaves something to be desired in the matter of completeness.

WALTER CLARKE, M.D.

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# Index to Volume 30, 1944 Journal of Social Hygiene

## CONTENTS

BY AUTHOR, TITLE AND SUBJECT

### A

- Action on the home front. Elena Bonilla. 204.
- Agricultural Extension Service. Puerto Rico regional conference on social hygiene. Examples of sponsoring agency cooperation. 172.
- Alabama. Birmingham. 317.
- American Journal of Public Health, Professor Winslow to edit. 314.
- American Library Association plans for war areas. 340.
- American Medical Association Journal urges teaching of biology in high schools. 348.
- American Public Health Association holds second wartime conference. 500.
- American Social Hygiene Association. Annual dinner meeting. 144.
- Annual report of Executive Director. 107.
- Associate group meeting at National Conference of Social Work. 311.
- Call for the 1945 meeting. 559.
- Field offices. 133.
- Missouri Social Hygiene Association, Dinner meeting with. 561.
- A new exhibit. Frontispiece. June.
- New honorary life members. 149.
- Officers and board of directors. 143.
- Program and budget for 1944. 128.
- Report of the board of directors. 135.
- Report of the committee on awards. 140.
- Report of committee on credentials. 135.
- Report of the nominations committee. 142.

### ASHA—continued

- Report of the committee on resolutions. 142.
- Report of the committee on war activities. 140.
- Report of the general advisory committee. 141.
- Report of the treasurer. 137.
- Staff news. 506.
- Summary of corporation report for 1943. 139.
- Summary of report of the executive committee. 136.
- Summary of report of the finance committee. 137.
- Thirty-first annual meeting, business session. 134.
- Thirty-first annual meeting number. March.
- Americas go forward together, The. Luncheon session, Puerto Rico regional conference on social hygiene. 191-201.
- Americas versus the venereal diseases, The. Charles E. Shepard. 192.
- Anderson, Gaylord. Venereal disease education in the army. 20.
- Anglo-American Caribbean Commission. See Caribbean Commission.
- Announcements. 48.
- Answer to a challenge, An. June Johnson. 549.
- Appropriations. Congress appropriates \$12,500,000 for VD control. 438.
- Argentina. Milio Fernandez Blanco. 390.
- Arkansas Pharmaceutical Association holds annual meeting. 349.
- Army preventive medicine units stepped up. 44.

Army's campaign, The. The national campaign for venereal disease control in wartime. M. C. Stayer. 174.

Award for distinguished service to humanity to Hugh Smith Cumming. Presentation by Merritte W. Ireland. 101.

**B**

Baehr, Dr. George. 314.

Bigelow, Maurice A. Sex education in school programs on health and human relations. 84.

Biography of a civilian committee on venereal disease control. M. Leider, S. Brookins and V. McDaniel. 67.

Blanco, Milio Fernandez. The social hygiene campaign in the other American republics: Argentina. 390.

Blanco, Tomas. Remarks by the Chairman, Group I, afternoon sessions, Puerto Rico regional conference on social hygiene. 202.

Bonilla, Elena. Action on the home front. 204.

Book Reviews. See pages 595-6 for Index.

Brau, Louis Ramirez. Statement, Group III, afternoon sessions, Puerto Rico regional conference on social hygiene. 231.

Brazil. L. Campos Mello. 394.

Briercliffe, Rupert. Remarks by the chairman, luncheon session, Puerto Rico regional conference on social hygiene. 191.

Brookins, S., M. Leider and V. McDaniel. Biography of a civilian committee on venereal disease control. 67.

**C**

California. Display arranged by San Diego Social Hygiene Association. Frontispiece. June.

Promiscuity as a factor in the spread of venereal disease. 517.

San Diego's first annual health education week. 349.

The San Francisco separate women's court. 288.

Calling all communities. Quotations. 529, 537.

Campaign with special reference to the Caribbean area, The. R. A. Vonderlehr. 183.

Canada's four-sector program in action. D. H. Williams. 545, and Frontispiece. December.

Caribbean Commission makes recommendations for unified VD control program. 312.

Child in the home, The. Beatriz Lasalle. 233.

Challenge to community workers: What are you doing about better laws and law enforcement? Bascom Johnson. 449.

Challenge to law enforcement, The. L. R. Pennington. 530.

Chautauqua Summer Schools offer social hygiene courses. 345.

Choate, Rufus. Quotation. 455.

Clarke, Walter. Teamwork in venereal disease prevention. 107.

Community is on the firing line, The. 537.

## Community Programs.

Biography of a civilian committee on venereal disease control. M. Leider, S. Brookins, and V. McDaniel. 67.

Library and a social hygiene society cooperate, A. Pauline J. Fihe, Viola Wallace and Jean Thomas. 333.

Neighborhood war clubs as a channel for popular education in venereal disease, The. Shata Ling. 49.

Plan for reaching industrial workers through industrial health committees. Percy Shostac. 58.

A public library works with community agencies. Aubry Lee Graham. 329.

Rehabilitation in action: a social hygiene society cooperates with a rapid treatment center in aiding venereal disease patients. Lucia Murchison. 296.

United States Junior Chamber of Commerce announces new program. 564.

- Conference, American Public Health Association holds second wartime. 500.
- Conference of social hygiene executives in New York. 501.
- Conference of Social Work at Cleveland, National. 311.
- Conference on childhood and youth, National Congress of Parents and Teachers, holds. 342.
- Conference on Conservation of Marriage and the Family. 318.
- Conference on inter-agency relationships in venereal disease control, Midwest. 445.
- Conference on postwar VD control meets in St. Louis, National. 560.
- Conference on postwar VD control, National. 438.
- Conference with negro leaders on wartime problems in venereal disease control: abstract of proceedings. 76.
- Conferences.
- Alabama. 317.
- National voluntary agency executives discuss social hygiene problems. 95.
- New Jersey. 318.
- Proceedings of the Puerto Rico regional conference on social hygiene. April.
- Rehabilitation to be discussed at National Conference of Social Work. 97.
- U. S. Army librarians of Antilles Department hold conference: Puerto Rico. 353.
- Congress appropriates \$12,500,000 for VD control. 438.
- Connecticut.
- Connecticut State Health Department completes laboratory evaluation study. 445.
- State Teachers Association Convention includes social hygiene speaker on program. 508.
- Costa Rica. José Amador Guevara. 402.
- Cumming, Hugh Smith. Award for distinguished service to humanity. 101.
- Letter, Latin American cooperation. 388.
- Nations united for health and welfare in peace and war. 103.
- William Freeman Snow Award presented to. Frontispiece. March.
- Current status of venereal disease control education, The. Thomas Parran. 1.
- D**
- Debayle, Luis Manuel. The social hygiene campaign in the other American republics: Nicaragua. 423.
- de la Caro, Dolores G. Youth in crisis: new horizons for our girls in trouble. 244.
- de Rahn, Maria Pintado. Remarks by chairman, Group IV, afternoon sessions, Puerto Rico regional conference on social hygiene. 233.
- District of Columbia.
- D. C. Society has full-time health educator. 445.
- A public library works with community agencies. 329.
- Rehabilitation in action: a social hygiene society cooperates with a rapid treatment center. 296.
- District of Columbia Social Hygiene Society reports on year's work. 349.
- Doak, E. Douglas. The venereal disease education institute. 12.
- Dr. George Baehr completes OCD assignment. 314.
- Dr. Parran reappointed Surgeon General. 314.
- Dr. Sawyer appointed to UNRRA. 345.
- Dominican Republic. L. F. Thomen. 404.
- Dunham, Georgia C. Letter, Latin American cooperation. 387.
- E**
- Editorials. 93-4, 162-64, 309-10, 339, 385-86, 496, 497, 557-59.

## Education.

- American Medical Association Journal urges teaching of biology in high schools. 348.
- Current status of venereal disease control education, The. Thomas Parran. 1.
- Neighborhood war clubs as a channel for popular education in venereal disease, The. Shata Ling. 49.
- Sex education in school programs on health and human relations. Maurice A. Bigelow. 84.
- Venereal disease education in the army. Gaylord Anderson. 20.
- Venereal disease education in the U. S. Navy. C. S. Stephenson and G. W. Mast. 29.
- Venereal disease education institute, The. E. Douglas Doak. 12.
- Venereal disease education process in the U. S. Navy, The. Howard Ennes. 40.
- Venereal disease health education project for Negroes in Texas. Bascom Johnson. 72.
- The federal program of venereal disease education. January.
- The soldier and the home. Moe Frankel. 325.
- Eleventh annual library number. June.
- Eliot, Charles W. Quotation. 148.
- Ennes, Howard. The venereal disease education process in the U. S. Navy. 40.
- Events—past and future. 444.

## Exhibits and posters.

- Canada's four-sector program in action. Frontispiece. December.
- Display by San Diego Social Hygiene Association. Frontispiece. June.
- Mexico. 426.
- A new exhibit. American Social Hygiene Association. Frontispiece June.
- Social hygiene day—1944. 157, 160.
- Street display in Dallas. Frontispiece. June.
- U. S. Army. 25-26.
- U. S. Navy. 36, 42.
- VD education institute. 17-18.

## F

- Federal program of venereal disease education, The. January.
- Fellowships in health education announced. 314.
- Fernos Isern, Antonio. New honorary life members. 151.
- Puerto Rico's place in the national venereal disease control program. 258.
- Fighting venereal disease among military personnel. B. D. Holland. 211.
- Fihe, Pauline J., Viola Wallace and Jean Thomas. A library and a social hygiene society cooperate. 333.
- Fischelis, Robert P. Pharmacy in the wartime educational campaign against VD. 554.
- Florida. Biography of a civilian committee on venereal disease control. 67.
- Forms and principles of state social hygiene laws. 479.
- Frankel, Moe. Education, the soldier and the home. 325.
- Frontispiece.
- Canada's four-sector program in action. December.
- Map of Pan American countries, and message from President Wilbur. October.
- Puerto Rico regional conference on social hygiene. April.
- Snow award presented to Hugh Smith Cumming. March.

## G

- Gandara, Jose N. Remarks by the chairman, Group II, afternoon sessions, Puerto Rico regional conference on social hygiene. 208.
- General Federation of Women's Clubs. 343.
- General Magee joins staff of National Research Council. 97.
- Georgia. 317.
- Gould, George. Twenty years progress in social hygiene legislation. 456.
- Graham, Aubry Lee. Public library works with community agencies, A. 329.

Guevara, José Amador. The social hygiene campaign in the other American republics: Costa Rica. 402.  
 Guzman, Celia. Role of the public health nurse. 220.

**H**

Haiti. Jules Thebaud. 407.  
 Haldeman, Jack C. The local public health official. 214.

Harvard School of Public Health. Summer courses. 316.

Hawaii. An answer to a challenge. 549.

Health education and health educators. Editorial. 93.

Health education fellowships awarded by U. S. Public Health Service, Kellogg Foundation, and National Foundation for Infantile Paralysis. 568.

Health education, Fellowships in, announced. 314.

Health task for today—and tomorrow, A. Thomas Parran. 251.

Herrick, Philip F. Statement, Group III, afternoon sessions, Puerto Rico regional conference on social hygiene. 224.

Holland, B. D. Fighting venereal disease among military personnel. 211.

Honduras. Pedro Ordonez Diaz. 412.

Honorary life members, New. 149.

Hutzel, Eleanore L. The policewoman's role in social protection. 538.

Huyke, Emilio E. Power of the press. 206.

**I**

"I want to draw a book on . . ." Aimee Zillmer. 336.

Idaho. State Home Economics Association contributes to better home life in wartime. 508.

If your state needs new social hygiene laws. Editorial. 496.

Indiana. Indianapolis. 317.

Industry.

Plan for reaching industrial workers through industrial health committees. Percy Shostac. 58.

See Notes on industrial cooperation.

Institute of Inter-American Affairs. 387.

Inter-American cooperation. The social hygiene campaign in the other American republics. October.

Ireland, Merritte W. Award for distinguished service to humanity to Hugh Smith Cumming. 101.

**J**

Johnson, Bascom. A challenge to community workers: what are you doing about better laws and law enforcement? 449.

Venereal disease health education project for negroes in Texas. 72.

Johnson, June. An answer to a challenge. 549.

Juvenile delinquents, Who are they? Winfred Overholser. 304.

**K**

Kellogg Foundation. Health education fellowships awarded by. 568.

Kentucky Association holds annual meeting. 351.

Koch, Richard A. The San Francisco separate women's court. 288.

Koch, Richard A. and Ray Lyman Wilbur. Promiscuity as a factor in the spread of venereal disease. 517.

**L**

Lairet Hijo, Felix. The social hygiene campaign in the other American republics: Venezuela. 434.

Lassalle, Beatriz. The child in the home. 233.

Latin America. The social hygiene campaign in the other American republics. October.

Laws and law enforcement.

A challenge to community workers: What are you doing about better laws and law enforcement? Bascom Johnson. 449.

Forms and principles of state social hygiene laws. 479.

Good laws and law enforcement are strong weapons. Group III, afternoon sessions, Puerto Rico regional conference on social hygiene. 224.

- Laws and law enforcement—continued  
 Puerto Rico legislative program.  
 Newspaper clippings. 167.
- Requirements of existing state laws. 470.
- A review of principles and progress in social hygiene legislation. November.
- Social hygiene legislation considered in 1943-44 in the states, territories and District of Columbia. 494.
- Twenty years progress in social hygiene legislation. George Gould. 456.
- U. S. Public Health Service Act signed. 346.
- Laws against prostitution.
- Forms and principles. 479.
- Requirements of existing state laws. 470.
- Laws, Premarital examination.
- Forms and principles. 483.
- Requirements of existing state laws. 472.
- Laws, Prenatal examination.
- Forms and principles. 487.
- Requirements of existing state laws. 477.
- Laws, Venereal disease control. Forms and principles. 488.
- Legislation. See Laws and law enforcement.
- Leider, M., S. Brookins and V. McDaniel. Biography of a civilian committee on venereal disease control. 67.
- Libraries.
- Education, the soldier and the home. Moe Frankel. 325.
- "I want to draw a book . . ." Aimee Zillmer. 336.
- Public library works with community agencies, A. Aubry Lee Graham. 329.
- Library and a social hygiene society cooperate, A. Pauline J. Fihe, Viola Wallace and Jean Thomas. 333.
- Library number, Eleventh annual. June.
- Ling, Shata. The neighborhood war clubs as a channel for popular education in venereal disease. 49.
- Local public health official, The. Jack C. Haldeman. 214.
- "Looking backward"—and forward. Editorial. 162.
- M**
- MacCormick, Carlos E. Munoz.
- Remarks by chairman, evening session, Puerto Rico regional conference on social hygiene. 250.
- Role of the private physician. 209.
- McDaniel, V., S. Brookins and M. Leider. Biography of a civilian committee on venereal disease control. 67.
- Magee, James Carre (MC). 97.
- Marriage and Family Conservation Conference. North Carolina. 318.
- Marriage and home adjustment, Annual institute on, Pennsylvania. 510.
- Marsh, Marguerite. Quotation. 308.
- Massachusetts Society for Social Hygiene holds annual meeting. 351.
- Mast, G. W. and C. S. Stephenson. Venereal disease education in the U. S. Navy. 29.
- Medical diagnosis and treatment are strong weapons. Group II, afternoon sessions, Puerto Rico regional conference on social hygiene. 208.
- Mello, L. Campos. The social hygiene campaign in the other American republics: Brazil. 394.
- Mental health for our children. Luis Manuel Morales. 237.
- Mexico. Educational placards prepared by department of health and welfare. 426.
- U. S.-Mexico border cooperative VD program. Joseph S. Spoto. 418.
- U. S.-Mexico Border Public Health Association meets. 340.
- Mexico's contribution to the venereal disease campaign. Enrique Villela. 195.
- Michigan.
- The neighborhood war clubs as a channel for popular education in venereal diseases. 49.
- The policewoman's role in social protection. 538.

- Michigan establishes Bureau of Venereal Disease Control. 352.
- Mills College. Summer courses. 316.
- Missouri. ASHA-Missouri Social Hygiene Association dinner meeting. 561.
- Morales, Luis Manuel. Mental health for our children. 237.
- Morales Otero, Pablo. Remarks by discussion leader, Group II, afternoon sessions, Puerto Rico regional conference on social hygiene. 223.
- Murchison, Lucia. Rehabilitation in action: a social hygiene society cooperates with a rapid treatment center in aiding venereal disease patients. 296.
- N
- National events. 43-8, 95-7, 311-16, 340-55, 438-44, 499-507, 560-68.
- National campaign for venereal disease control in wartime, The. Morning session, Puerto Rico regional conference on social hygiene. 174-190.
- National Committee for Mental Hygiene holds annual meeting. 565.
- National Conference of Social Work. Cleveland. 311.
- Notes on industrial cooperation. 356.
- National conference on postwar VD control meets in St. Louis. 560.
- National Congress of Parents and Teachers holds conference on childhood and youth. 342.
- National Congress of Parents and Teachers supports social hygiene program and ASHA. 565.
- National Foundation for Infantile Paralysis, Health education fellowships awarded by. 568.
- National Health Council elects officers. 313.
- National Venereal Disease Committee meets. 499.
- National voluntary agency executives discuss social hygiene problems. 95.
- National Women's Advisory Committee on Social Protection meets. 347.
- Nations unite for victory over venereal disease, The. Evening session, Puerto Rico regional conference on social hygiene. 250-263.
- Nations united for health and welfare in peace and war. Hugh S. Cumming. 103.
- Nations united for war and permanent peace. Editorial. 385.
- Navy and venereal disease control in the Caribbean, The. Frank W. Reynolds. 180.
- Navy venereal disease control officers. 46.
- Nebraska.
- Midwest conference on inter-agency relationships in venereal disease control. 445.
- North Platte. 317.
- Negro colleges, Social hygiene day contest for. 96.
- Negro college social hygiene day contest winners. 346.
- Negro leaders, Conference with, on wartime problems in venereal disease control: abstract of proceedings. 76.
- Negroes in Texas, Venereal disease health education project for. Bascom Johnson. 72.
- Neighborhood war clubs as a channel for popular education in venereal disease, The. Shata Ling. 49.
- Ness, Eliot.
- Social protection in the cooperative program. 186.
- Social protection in venereal disease control. 226.
- New honorary life members. 149.
- New Jersey. Newark. 318.
- New problems in the control of syphilis and gonorrhea. Carl A. Wilzbach. 88.
- New York.
- Institute at Skidmore College. 352.
- New York City. 318.
- New York City. Social Hygiene Division, New York Tuberculosis and Health Association has new staff member. 446.
- News from other countries. 98-100.

- News from the 48 fronts. 317-21, 349-55, 445-47, 508-10.  
 Nicaragua. Luis Manuel Debayle. 423.  
 North Carolina. Marriage and Family Conservation Conference. 318.  
 Notes on industrial cooperation. 322-24, 356-59, 447-48, 511-13, 573-75.

**O**

- Office of the Coordinator of Inter-American Affairs. Letter. 387.  
 Ohio.

- Cleveland holds VD institute and physicians' refresher course. 509.  
 A library and a social hygiene society cooperate. 333.  
 New problems in the control of syphilis and gonorrhea. 88.  
 Social hygiene in Scioto County. 319.  
 Oklahoma Social Welfare Association holds war conference. 353.  
 Ordonez Diaz, Pedro. The social hygiene campaign in other American republics: Honduras. 412.  
 Osborn, Robert W. National Events. 502.  
 Overholser, Winfred. Who are the juvenile delinquents? 304.

**P**

- Pan American Sanitary Bureau. Letter. 388.  
 Panama. Arturo Tapia. 427.  
 Parran, Thomas. 314.  
 The current status of venereal disease control education. 1.  
 A health task for today—and tomorrow. 251.  
 Letter. 389.  
 New honorary life members, Remarks. 149.  
 Penicillin for early syphilis, Rapid treatment centers use. 440.  
 Penicillin made available for civilian use. 312.  
 Pennington, L. R. The challenge to law enforcement. 530.  
 Pennsylvania. Annual institute on marriage and home adjustment at State College. 510.

- Pharmaceutical association holds annual meeting, Arkansas. 349.  
 Pharmacy in the wartime educational campaign against VD. Robert P. Fischelis. 554.  
 Physical fitness year is planned by joint committee. 500.  
 Pinney, Jean B. Introduction, Proceedings of Puerto Rico regional conference on social hygiene. 165.  
 Plan for reaching industrial workers through industrial health committees. Percy Shostac. 58.  
 Policewoman's role in social protection, The. Eleanore L. Hutzel. 538.  
 Posters. See Exhibits and posters.  
 Power of the press. Emilio E. Huyke. 206.  
 Premarital examination laws.  
 Forms and principles. 483.  
 Requirements of existing state laws. 472.  
 Prenatal examination laws.  
 Forms and principles. 487.  
 Requirements of existing state laws. 477.  
 Proceedings of the Puerto Rico regional conference on social hygiene. April.  
 Professor Winslow to edit American Journal of Public Health. 314.  
 Promiscuity as a factor in the spread of venereal disease. Richard A. Koch and Ray Lyman Wilbur. 517.  
 Prostitution, Laws against. Forms and principles. 479.  
 Requirements of existing state laws. 472.  
 Public information. Knowledge is a strong weapon. Group I, afternoon sessions, Puerto Rico regional conference on social hygiene. 202.  
 Public library works with community agencies, A. Aubry Lee Graham. 329.  
 Publications received. 376-83, 514-18, 578-580.  
 Publicity. Cooperation from the Puerto Rican press. Opposite 245.  
 Puerto Rico.  
 Map. Frontispiece. April.  
 Photographs. Between 244-45.

- Puerto Rico—continued  
U. S. Army librarians of Antilles Department hold conference. 353.  
Young American citizens. Photograph. Opposite 244.
- Puerto Rico Department of Education. Regional conference on social hygiene. Examples of sponsoring agency cooperation. 172.
- Puerto Rico does her part in the fight. Afternoon sessions, regional conference on social hygiene. 202-249.
- Puerto Rico legislative program. Newspaper clippings. 167.
- Puerto Rico's place in the national venereal disease control program. Antonio Fernos Isern. 258.
- Puerto Rico regional conference on social hygiene:  
Examples of sponsoring agency cooperation. 172.  
Greetings and messages received from the other American republics. 267.  
Photographs. Frontispiece. April.  
Photographs. Insert between 196-197.  
Program. 170.  
Resolutions. 264.  
Sponsoring agencies, officers and program committee. 168-9.  
Proceedings of. April.
- Puerto Rico social protection committee. Resolutions. 264.
- Puerto Rico, A study of 280 patients in the venereal disease isolation hospitals of. 269.
- R**
- Rapid treatment centers use penicillin for early syphilis. 440.
- Rayburn, Reba. See National events.
- Rehabilitation.  
San Francisco separate women's court, The. Richard A. Koch. 288.  
Selectees with syphilis rehabilitated for induction. 566.  
Youth in crisis: new horizons for our girls in trouble. Dolores G. de la Caro. 244.
- Rehabilitation of the female sex offender. Quotation. 303.
- Rehabilitation, Some current efforts toward. May.
- Rehabilitation in action: a social hygiene society cooperates with a rapid treatment center in aiding venereal disease patients. Lucia Murchison. 296.
- Rehabilitation to be discussed at National Conference of Social Work. 97.
- Requirements of existing state laws. 470.
- Resolutions of Puerto Rico regional conference on social hygiene. 264.
- Review of principles and progress in social hygiene legislation, A. November.
- Reynolds, Frank W. The Navy and venereal disease control in the Caribbean. 180.
- Rockefeller Foundation. American Library Association plans for war areas. 340.
- Role of the private physician. C. E. Munoz MacCormick. 209.
- Role of the public health nurse. Celia Guzman. 220.
- Roosevelt, Franklin D. Quotation. 385.
- Rosario, Jose Colomban. Sociology and the community. 218.
- S**
- San Francisco separate women's court, The. Richard A. Koch. 288.
- Sawyer, Dr. Wilbur A. 345.
- School programs on health and human relations, Sex education in. Maurice A. Bigelow. 84.
- Schultz, Gladys Denny. Quotation. 332.
- Selectees with syphilis rehabilitated for induction. 566.
- Sex education. Alabama. 317.
- Sex education in school programs on health and human relations. Maurice A. Bigelow. 84.
- Shenckon, Eleanor.  
Social hygiene day—1944. 155.  
Some forecasts of social hygiene day programs. 569.
- See News from the 48 fronts.

- Shepard, Charles E. The Americas versus the venereal diseases. 192.
- Shostac, Percy. Plan for reaching industrial workers through industrial health committees. 58.
- See Notes on industrial cooperation.
- Snow, William F. Award for distinguished service to humanity. 101.
- Editorial: Nations united for war and permanent peace. 385.
- The voluntary social hygiene agencies in wartime. 189.
- So you're going to hold a social hygiene day meeting! Program suggestions from the social hygiene day service. 571.
- Social hygiene campaign in the other American republics, The. October.
- Social hygiene day contest for Negro colleges. 96.
- Social hygiene day contest winners, Negro college. 346.
- Social hygiene day—1944. Eleanor Shenehon. 155.
- Social hygiene day number. December.
- Social hygiene day programs, Some forecasts of. 569.
- Social hygiene day service, Program suggestions from the. 571.
- Social hygiene executives, Conference of. 501.
- Social Hygiene in Wartime. XII. The federal program of venereal disease education. January.
- Social Hygiene in Wartime. XIV. Some current efforts toward rehabilitation. May.
- Social hygiene legislation considered in 1943-44 in the states, territories and District of Columbia. 494.
- Social hygiene societies. See respective states under News from the 48 fronts.
- Social protection in the cooperative program. Eliot Ness. 186.
- Social protection in venereal disease control. Eliot Ness. 226.
- Social Protection, National Women's Advisory Committee on. 347.
- Social Protection, Puerto Rico committee on. Resolutions. 264.
- Sociology and the community. Jose Colombar Rosario. 218.
- Some current efforts toward rehabilitation. May.
- Some forecasts of social hygiene day programs. Eleanor Shenehon. 569.
- Some ways out. Celestina Zalduondo. 241.
- South Carolina. Charleston. 319.
- State Bar Association adopts resolution for education and repression of prostitution. 320.
- State Conference of Social Work appoints social hygiene committee and holds meeting. 510.
- Spoto, Joseph S. The social hygiene campaign in the other American republics: United States-Mexico border cooperative venereal disease program. 418.
- Stephenson, C. S. and G. W. Mast. Venereal disease education in the U. S. Navy. 29.
- Stayer, M. C. The national campaign for venereal disease control in wartime: The Army's campaign. 174.
- Summer courses. 316, 345.
- T
- Tapia, Arturo. The social hygiene campaign in the other American republics: Panama. 427.
- Teamwork in venereal disease prevention. Walter Clarke. 107.
- Texas. Corpus Christi. 320.
- Dallas extends VD educational campaign. 354.
- Street display in Dallas. Frontispiece. June.
- Venereal disease health education project for Negroes in Texas. 72.
- Thebaud, Jules. The social hygiene campaign in the other American republics: Haiti. 407.
- Thirty-first annual meeting number. March.

- "This way out . . ." Editorial. 309.
- Thomas, Jean, Pauline J. Fihe and Viola Wallace. A library and a social hygiene society cooperate. 333.
- Thomen, L. F. The social hygiene campaign in the other American republics: Dominican Republic. 404.
- Towards V-Day in the war on venereal diseases. Editorial. 557.
- Tugwell, Rexford G. Greetings to Puerto Rico regional conference on social hygiene. 174.
- Proclamation by the Governor of Puerto Rico. Frontispiece. April.
- Twenty years progress in social hygiene legislation. George Gould. 456.

**U**

United Nations Relief and Rehabilitation Administration, Dr. Sawyer appointed to. 345.

**U. S. Army.**

See Army.

Venereal disease education in the army. Gaylord Anderson. 20.

U. S. Chamber of Commerce makes community health awards. 341.

U. S. Junior Chamber of Commerce announces new program. 564.

U. S.-Mexico border cooperative venereal disease program. Joseph S. Spoto. 418.

U. S.-Mexico Border Public Health Association meets. 340.

**U.S. Navy. See Navy.**

Venereal disease education in the U. S. Navy. C. S. Stephenson and G. W. Mast. 29.

Venereal disease education process in the U. S. Navy, The. Howard Ennes. 40.

U. S. Office of Education has consultant in social hygiene. 344.

U. S. Public Health Service. Congress appropriates \$12,500,000 for VD control. 438.

Dr. Parran reappointed Surgeon General. 314.

Health education fellowships awarded by. 568.

- U. S. Public Health Service—continued Letter, Latin American Cooperation. 389.
- National conference on postwar VD control meets in St. Louis. 560.
- Selectees with syphilis rehabilitated for induction. 566.
- Reorganizes. 43.
- U. S. Public Health Service Act signed. 346.
- U. S. Public Health Service holds National Conference on Postwar Venereal Disease Control. 438.
- University of Pennsylvania. Summer courses. 316.
- University of Utah. Summer courses. 316.
- Utah. 321.

**V**

Venereal disease control officers. 43-48.

Venereal disease education in the Army. Gaylord Anderson. 20.

Venereal disease education in the U. S. Navy. C. S. Stephenson and G. W. Mast. 29.

Venereal disease education institute, The. E. Douglas Doak. 12.

Venereal disease education process in the U. S. Navy, The. Howard Ennes. 40.

Venereal disease health education project for Negroes in Texas. Bascom Johnson. 72.

Venezuela. Felix Lairet Hijo. 434.

Villela, Enrique. Mexico's contribution to the venereal disease campaign. 195.

New honorary life members. 150.

Virginia. State Social Hygiene Council sponsors workshop in health and human relations at Radford College. 446.

Voluntary agency executives discuss social hygiene problems, National. 95.

Voluntary social hygiene agencies in wartime, The. William F. Snow. 189.

Vonderlehr, R. A. The campaign with special reference to the Caribbean area. 183.

**W**

- Wallace, Viola, Pauline J. Fihe and Jean Thomas. A library and a social hygiene society cooperate. 333.
- War and the Journal's Annual Library Number. Editorial. 339.
- War Department. See also U. S. Army.
- War department advisory council meets in Washington. 562.
- Washington. Social hygiene societies hold annual meetings. 355.
- Who are the juvenile delinquents? Winfred Overholser. 304.
- Wilbur, Ray Lyman, Message from. Reverse of frontispiece. October.
- Wilbur, Ray Lyman and Richard A. Koch. Promiscuity as a factor in the spread of venereal disease. 517.
- Wilbur, Ray Lyman. Quotation. 148. Quotation. 335.
- Williams, D. H. Canada's four sector program in action. 545.

- Wilzbach, Carl A. New problems in the control of syphilis and gonorrhea. 88.
- Winslow, Professor C.-E. A. 314.
- Wisconsin. "I want to draw a book on . . ." 336.
- Women's Interests Section, War Department. 562.
- Women's Clubs adopt resolutions. 343.

**Y**

- Your part in the legislative campaign. Editorial. 497.
- Youth has priority. Group IV, afternoon sessions, Puerto Rico regional conference on social hygiene. 233.
- Youth in crisis: new horizons for our girls in trouble. Dolores G. de la Caro. 244.

**Z**

- Zalduondo, Celestina. Some ways out. 241.
- Zillmer, Aimee. "I want to draw a book on . . ." 336.

*(Book Reviews—see next page)*

## BOOKS REVIEWED

BY AUTHOR AND TITLE

**A**

- Amen, amen. S. A. Constantino. 361.  
 American Council on Education, Commission on Teacher Education. Teachers for our time. 362.  
 American Legion, National Law and Order Committee. "To maintain law and order." 365.  
 American Prison Association, The, and National Jail Association. The prison world. 368.

**B**

- Bell, Marjorie, editor. Juvenile delinquency and the community in wartime. 370.  
 Better times—health issue in honor of Bailey B. Burritt. 576.  
 Byrd, Oliver E. Health instruction yearbook. 360.

**C**

- Cecil, Russell L. and Foster Kennedy. A textbook of medicine, sixth edition. 371.  
 Children's Bureau. Controlling juvenile delinquency: a community program. 366.  
 Juvenile-Court statistics, 1940-42. 368.  
 Juvenile-Court statistics, 1943, preliminary statement. 368.  
 Understanding juvenile delinquency. 365.

- Christian, Henry A. Osler's principles and practice of medicine. 372.  
 Clinical diagnosis by laboratory examinations. John A. Kolmer. 373.  
 Commission on Teacher Education, American Council on Education. Teachers for our times. 362.  
 Constantino, S. A. Amen, amen. 361.  
 Controlling juvenile delinquency: a community program. Children's Bureau. 366.

**D**

- Dattner, Bernhard. The management of neurosyphilis. 372.

**E**

- Essentials of syphilology. Rudolph H. Kampmeir. 578.

**F**

- Flushing, L. I. A guide for a man and woman looking toward marriage. 363.

**G**

- Gould, George. Summary of state legislation requiring premarital and prenatal examinations for venereal disease. 369.  
 Guide for a man and woman looking toward marriage, A. L. I. Flushing. 363.

**H**

- Health education on the industrial front. The 1942 health education conference of the New York Academy of Medicine. 361.  
 Health instruction yearbook. Oliver E. Byrd. 360.  
 Howles, James Kirby. A synopsis of clinical syphilis. 577.  
 Howard, Mrs. Henry. The seamen's handbook for shore leave. Eighth edition. 375.

**J**

- Juvenile-Court statistics, 1940-42. Children's Bureau. 368.  
 Juvenile-Court statistics, 1943, preliminary statement. Children's Bureau. 368.  
 Juvenile delinquency and the community in wartime. 1943 yearbook of the National Probation Association. Marjorie Bell, editor. 370.

**K**

- Kampmeir, Rudolph H. Essentials of syphilology. 578.  
 Kennedy, Foster and Russell L. Cecil. A textbook of medicine, sixth edition. 371.  
 Kolmer, John A. Clinical diagnosis by laboratory examinations. 373.

**L**

- League of Nations Advisory Committee on Social Questions. Prevention of prostitution. 363.

**M**

- Management of neurosyphilis, The. Bernhard Dattner. 372.  
 Meet your enemy—vd. National women's advisory committee on social protection. 576.

**N**

- National Advisory Police Committee. Techniques of law enforcement in the treatment of juveniles and the prevention of juvenile delinquency. 370.
- National child labor committee. The long road—fortieth anniversary report—1944. 577.
- National Jail Association, The and the American Prison Association. The prison world. 368.
- National Law and Order Committee, Executive Section, American Legion. "To maintain law and order . . ." 365.
- National Probation Association, 1943 yearbook of the. Juvenile delinquency and the community in wartime. 370.
- National women's advisory committee on social protection. Meet your enemy—vd. 576.

**O**

- Osler's principles and practice of medicine. Henry A. Christian. 372.

**P**

- Prevention of prostitution. League of Nations Advisory Committee on Social Questions. 363.
- Principles and practice of industrial medicine, The. Fred J. Wampler. 374.
- Prison world, The. The American Prison Association and National Jail Association. 368.
- Proceedings of the Health and Welfare Institute, Cleveland, Ohio. 361.
- Proceedings of the national conference of social work, 1943. 360.

**S**

- Seamen's handbook for shore leave, The. Eighth edition. Mrs. Henry Howard. 375.
- Shore convoy for merchant seamen. Third edition. United Seamen's Service. 375.

Study of fact and attitude about gonorrhea as demonstrated by questionnaire study, A. Marie Di Mario Wann. 373.

Synopsis of clinical syphilis, A. James Kirby Howles. 577.

Summary of State legislation requiring premarital and prenatal examinations for venereal disease. George Gould. 369.

Survey midmonthly, March, 1944. Special number on juvenile delinquency. 367.

**T**

Teachers for our times. Commission on Teacher Education, American Council on Education. 362.

Techniques of law enforcement in the treatment of juveniles and the prevention of juvenile delinquency. National Advisory Police Committee. 370.

Textbook of medicine, A. Sixth edition. Russell L. Cecil and Foster Kennedy. 371.

"To maintain law and order . . ." National Law and Order Committee, Executive Section, American Legion. 365.

The long road—fortieth anniversary report—1944. National child labor committee. 577.

**U**

Understanding juvenile delinquency. Children's Bureau. 365.

United Seamen's Service. Shore convoy for merchant seamen. Third edition. 375.

**W**

Wampler, Fred J. The principles and practice of industrial medicine. 374.

Wann, Marie Di Mario. A study of fact and attitude about gonorrhea as demonstrated by questionnaire study. 373.

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1. Rally more citizens to fight syphilis and gonorrhea and commercialized prostitution through community action. Train leaders to guide such action, and teach others.
2. Tell the great masses of the people the truth about these dangerous diseases—how they attack the nation's strength, how they may be avoided, how cured.
3. Aid employers and workers, especially in war industries, to strengthen manpower and stop financial loss and needless suffering by striking at syphilis and gonorrhea.
4. Lessen opportunities for exposure to venereal diseases by helping to enforce existing laws against the commercialized prostitution racket; advise and assist in securing better laws where needed.
5. Help communities to provide "good times in good company" for young people as the best safeguard against "bad times in bad company"; to clean up community conditions leading to delinquency; to aid victims of bad conditions make a new start, particularly women, girls and young men exploited by the prostitution racketeers.
6. Help health officers, physicians, pharmacists, nurses, social workers and other trained persons to drive out the venereal disease quacks and charlatans; to give sound counsel to infected persons.
7. Help parents, teachers and church leaders provide suitable sex education for children and youth and practical preparation for marriage, parenthood and family life.
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## CONTENTS OF RECENT ISSUES

### APRIL, 1944

- Proceedings of the Puerto Rico Regional Conference on Social Hygiene  
Morning Session: The National Campaign for Venereal Disease Control in Wartime  
Luncheon Session: The Americas Go Forward Together  
Afternoon Sessions: Puerto Rico Does Her Part in the Fight  
    Group I. Knowledge Is a Strong Weapon  
    Group II. Medical Diagnosis and Treatment Are Strong Weapons  
    Group III. Good Laws and Law Enforcement Are Strong Weapons  
    Group IV. Youth Has Priority  
Evening Session: The Nations Unite for Victory over Venereal Disease  
Resolutions Presented by the Conference Committee on Resolutions  
Greetings and Messages Received from the Other American Republics

### MAY, 1944

#### Social Hygiene in Wartime. XIV. Some Current Efforts toward Rehabilitation

- A Study of 280 Patients in the Venereal Disease Isolation Hospitals of Puerto Rico—Bureau of Medical Social Services, Puerto Rico Department of Health  
The San Francisco Separate Women's Court.....Richard A. Koch  
Rehabilitation in Action: A Social Hygiene Society Cooperates with a Rapid Treatment Center in Aiding Venereal Disease Patients.....Lucia Murchison  
Who Are the Juvenile Delinquents?.....Winfred Overholser  
Editorial—"This Way Out . . .?"

### JUNE, 1944

#### Eleventh Annual Library Number

- Education, the Soldier and the Home.....Moe Frankel  
A Public Library Works with Community Agencies.....Aubry Lee Graham  
A Library and a Social Hygiene Society Cooperate  
    Pauline J. Fihe, Viola Wallace and Jean Thomas  
"I Want to Draw a Book on . . .".....Aimee Zillmer  
Book Reviews, Publications Received, etc.

### OCTOBER, 1944

#### The Social Hygiene Campaign in the Other American Republics

A Message from President Ray Lyman Wilbur

##### Editorial

- Nations United for War and Permanent Peace.....William F. Snow  
Letters from Major General G. C. Dunham, Dr. Hugh S. Cumming and Surgeon General Thomas Parran

##### Articles from

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| Argentina: Milio Fernandez Blanco | Honduras: Pedro Ordonez Diaz      |
| Brazil: L. Campos Mello           | Mexico: Central Technical Office  |
| Colombia: Ministry of Health      | U. S. Border-Mexico: Joseph Spoto |
| Costa Rica: Jose Amador Guevara   | Nicaragua: Luis Manuel Debayle    |
| Dominican Republic: L. F. Thomen  | Panama: Arturo Tapia              |
| Haiti: Jules Thebaud              | Paraguay: VD and Skin Dispensary  |
| Venezuela: Felix Lairet Hijo      |                                   |

### NOVEMBER, 1944

#### A Review of Principles and Progress in Social Hygiene Legislation

- A Challenge to Community Workers.....Bascom Johnson  
Twenty Years Progress in Social Hygiene Legislation.....George Gould  
Requirements of Existing State Laws  
Forms and Principles of State Social Hygiene Laws  
Social Hygiene Legislation Considered in 1943-44 in the States, Territories and District of Columbia

##### Editorials:

- If Your State Needs New Social Hygiene Laws  
Your Part in the Legislative Campaign







